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VOL. XV.

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The care of the human mind is the most noble branch of medicine.—GROTIUS.

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# AMERICAN JOURNAL OF INSANITY.

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VOL. XV.

UTICA, JULY, 1858.

No. 1.

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ESSAYS, CASES, AND SELECTIONS.

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PATHOLOGICAL NOTES. BY J. WORKMAN, M. D.

*Read before the Association of Medical Superintendents of American Institutions for the Insane.*

## I. GENERAL PARALYSIS.

THE pathological state of the brain in cases of insanity accompanied that defect in the muscular powers which has been termed "Paralysis," is a subject of much interest, not only to the physician, but to the profession at large. It is now known that the diseased conditions of the brain, or of different portions of it, which accompany general paralysis, and the morbid structural lesions which are found to have resulted, are much more diversified than was formerly supposed. Post-mortem examinations have shewn that paralysis of the insane may arise from almost any important transformation of structure, or from any form of diseased action in the brain or its investing membranes, which terminates in the deposition of extravasated fluids within the cranium. Softening, whether local and restricted to a portion of the medullary substance, or general and involving both the white and grey matter, as in œdema cerebri; hardening of the general mass of the brain, or of par-

ticular portions; unequivocal inflammatory deposits, still associated with vascular turgescence, and capillary discoloration; simple serous exudation on the surface, or within the ventricles, with scarcely a trace of recent inflammatory action; these, and many other different, if not almost antithetic results, are found to have arisen, in the course, or at the close, of a malady, the external manifestations of which during life, have appeared to be characterized by an almost stereotyped uniformity.

After much reflection on the phenomena of insanity accompanied by paralysis, I am almost tempted to the belief, that it should be excluded from the general subject of mental alienation, and ranked in our nosology as a distinct and essential disease of the brain. Its claims to this independent status, are surely not less clear and legitimate, than are those of phrenitis, hydrocephalus, delirium tremens, or apoplexy.

Is not the delirium of general paralysis very different from the delusions, and mental and moral perversions, of common insanity? Do not the corporeal phenomena differ still more widely? and is not the prognosis infinitely more unfavorable? General paralysis may, without exaggeration, be designated the *opprobrium* of our specialty. Its victims, especially in Europe, constitute no inconsiderable portion of the asylum incurables; and I think if we could, consistently with scientific exactitude, remove it into another province, we should be doing, neither injure humanity nor our own reputation.

I beg to submit the following six cases to the notice of the Association, trusting that imperfect and superficial as the details certainly are, they may not be altogether uninteresting:—

P. M. 70.—Frederick S., a German, by occupation a schoolmaster; was admitted into the Asylum at the age of 50, in the year 1849, and was discharged “recovered” after three months’ residence.

He was re-admitted on 14th July, 1852, at which time his attack was stated to be of four weeks’ duration; but it would appear that his previous attacks had been numerous. It is my conviction that at no period from his first admission had complete recovery taken place. He came under my charge 1st July, 1853, on my assumption of of-



fice. In consequence of frequent apoplectic seizures, and his inability to balance the body when attempting to rise or walk, my predecessor had placed him on a bed laid on the floor in a warm room. His head presented the largest frontal and inter-parietal development I have ever observed in an adult, but was very defective in the occipital region. From time to time he had recurrences of his apoplectic seizures, which were generally heralded by paroxysmal excitement, and accompanied by a constipated state of the bowels. He died in one of these fits, on the 5th of October, 1855.

The *post-mortem* was made twelve hours after death. The cranium and its integuments were both remarkably thin. The dura mater was firmly attached to the cranium at numerous points, by means of prominent enlarged glandulæ pacchioni, which in some places had provoked absorptive action, and eaten through the inner table to the diplöe. The membranes were thick and opaque, and a large quantity of serum was found within the arachnoid, and in the ventricles. The grey matter was very thin,—and the whole brain was unusually soft. The cerebellum was not one-half the normal size. It appeared to have been atrophied. The muscles, and all the tissues of the body, were pale and flabby. The right thorax was full of serum; but both lungs were sound. The heart was large and flabby. The abdominal viscera were healthy.

P. M. 94.—John K., aged 57, a native of France, many years resident in Western Canada, in stature about six feet, and before his insanity a man of noble bearing, and engaging manners. He was involved in the rebellion of 1837, and was imprisoned for several months in Toronto, on charge, or suspicion, of treason. He was extensively engaged in milling and mercantile operations, in which he ultimately failed, and his business troubles appeared to have upset his intellect.

He was admitted into the Asylum on 29th September, 1856. I never felt a greater shock than on now regarding this man, and recalling his former splendid appearance. His malady had existed for three and a half years, and had brought him down to the most abject state of physical helplessness, and mental dethronement. He had once spoken French, German, and English, fluently. He now

seemed to be oblivious of all but the French tongue ; and yet the little he spoke exhibited the vestiges of superior mind.

He was far advanced in that hopeless disease, general paralysis of the insane. The period of active delirium was past ; and that of animal degradation was fast running to its close. When he attempted to walk, his body was bent into an oblique lateral curve, as if he was stooping to examine closely something on the floor a little to the left and in front of him. He moved with a gyratory tendency—the muscles of the right side out-doing those of the left ; and both the upper and lower extremities were involved in this disparity of muscular action and power. He lost control of the sphincters, and in seven weeks after admission he died, but without any marked comatose symptoms.

The *post-mortem* was made twenty hours after death. Upon laying open the dura mater about four ounces of serum, slightly tinged with blood, flowed out. The dura mater adhered to the cranium on three-fourths of its superior surface. The meninges were not thickened. The surface of the cerebrum was free from disease, excepting in a narrow portion on each side of the falx major, where a number of white granular spots were seen. On opening the ventricles, not more than one ounce of fluid was found on the right side, and half an ounce on the left. The corpora striata were both softened to an extreme degree, so that their substance would not bear the most gentle manipulation. A small dark clot, not probably of recent deposit, was found within the circle of Willis. The cerebellum was softened equally with the corpora striata. The whole *surface* of the cerebrum was of normal firmness. The thoracic and abdominal viscera were in a healthy state, with the exception of a slight inflammatory deposit, apparently recent, on the exterior of the heart.

P. M. 99.—George D. R., aged 40 years ; admitted 29th April, 1856. This person was an Englishman, of low stature and rotund form. He had once been employed in commercial business, but evinced very inferior capacity. Being respectably connected he was provided for by a public office in a remote part of Canada, where he managed to get through the duties required of him after the usual



manner of such functionaries. In November, 1855, he had an attack of cerebral disease, which was regarded and treated as phrenitis. On passing through this illness he was found to be insane, and on being presented at the Asylum, the first word he uttered very unequivocally showed the case to be one of incipient paralysis of the insane. His tongue moved draggingly, his articulation had the characteristic drunken thickening, and his gait showed the wonted halt of this stage of the disease. He was cheerful, good-natured, and apparently well pleased with himself and all the world. He believed himself very affluent, expressed great fondness for his wife and children, and contemplated making each of them very munificent appropriations. His appetite was voracious, and he became fat, and looked very well. His nights were frequently sleepless, and when so, he made much noise, muttering some sort of liturgical composition, with the accent of some of our modern clergy. He had, during the period of his residence, which was nearly ten months, several apoplectic attacks, two of which were formidable, and the second proved fatal, on the 18th February, 1857.

The autopsy was held twenty-nine hours after death. Between the dura mater and arachnoid there were about four ounces of serum, and in the ventricles two ounces. The whole of the superior surface of the cerebrum showed inflammatory deposits, and beneath were found several small clots, or rather vestiges of clots. The medullary matter at the great commissure was perhaps softer than normal. No other part of the brain showed softening. The corpora striata and the thalami were in a healthy state, yet the patient was for some time hemiplegic, and for several days before death powerless on both sides.

P. M. 100.—Richard H., a native of New York, aged 40 years, formerly a tall, robust, active and intelligent man, was admitted the 2nd November, 1855, and had then been eighteen months insane. The malady was hereditary, and in his case was ushered in by a fit of apoplexy. The usual phenomena of ambitious monomania were exhibited in their highest form in his delirium. Before being brought to the Asylum he had ruined himself by land

speculations; but he did not regard his losses, for his ideal wealth was boundless. He possessed millions of acres of first-rate land, and mill sites without number. The defect of muscular power on one side was very striking when he walked. His tongue evinced the usual characteristics of the disease. He was resident for sixteen months, and his history during that period was but the stereotyped narrative of all similar cases. The autopsy was held twenty-seven hours after death. The dura mater was adherent to the skull in almost every inch of its extent, and when cut into, six ounces of serum escaped; on the postero-superior surface of the cerebrum was observed the debris of an old blood clot, and the pia-mater was wanting at that place. Several similar marks of sanguineous deposit, of remote date, were observed in the sulci. The ventricles contained three ounces of fluid. The entire substance of both the cerebrum and cerebellum was much indurated, being as firm as if immersed for several days in alcohol.

The two preceding cases (99, 100) were referred to in a paper which I had the honor of reading before this Association, in May, 1856, at Cincinnati, and which was published in the *JOURNAL OF INSANITY* for July of that year.

I then stated that both the patients showed "the clearest indications of cerebral disorganization," which I predicted would "eventuate in general paralysis." Both were then "great eaters, and had become very corpulent." I anticipated "in each an apoplectic breaking down." This prediction was but too fully verified. The following points of concurrence and of difference may be noted in these two cases.

In each the mental phenomena were similar in the delusion as to the possession of great wealth, but dissimilar as to the application of it. No. 99 was an Englishman, and talked much about buying dress and cakes for his wife and children. He was a very zealous churchman, and a great loyalist. He was one of the boat's crew which, in the rebellion of 1837, cut the steamer *Caroline* from her moorings, and sent her over the Falls of Niagara. No. 100 was an American, and his "peculiar vanity" was specu-



lation in town lots, mill sites, and wild lands. Religion did not trouble him much, though he was a very good and amiable man. He showed his loyalty before his illness by a peaceable, active, and useful life, and in his delirium he was as inoffensive and conciliating as he had ever been in his days of sanity.

The pathological state of the brain in each agreed in the important lesions of considerable serous effusion outside and within, and in the presence of blood-clot vestiges on the cerebral surfaces, but differed as to inflammatory lymph deposits—number 99 showing them largely, and number 100 showing none.

Number 99 commenced with an attack of acute inflammation. Number 100 had been exempt from any such attack. The former had no adherence of the dura mater to the cranium; the latter had the dura mater adherent “in almost every inch of its extent.” The entire brain was in a state of induration in the former, but of normal consistence in the latter, excepting a slight apparent softening of the medullary matter.

P. M. 102.—George W., aged 40, an Englishman, recently arrived in this country, was admitted 15th December, 1856, died 14th March, 1857. No history of this patient's case was furnished. I learned from himself that his father had died paralytic. His articulation indicated the formative stage of general paralysis, and I was on the lookout for apoplectic seizure. His ideas were of the exalted order. He wished to undertake large contracts, and he considered himself a very eloquent preacher. His discourses did not seem to command the admiration, nor to improve the piety of his audience. He was very destructive of clothing, and extremely restless. His progression was ill-directed, for he was constantly injuring himself by knocks against door-posts, tables, &c., as if his eyesight was defective, which, however, was not the case. His appetite continued good, and his appearance did not deteriorate.

The expected attack of apoplexy took place on the 13th March, and proved more formidable than was apprehended. Paralysis of both sides of the body was manifest; the pulse was feeble and not



full, the aspect pallid, the pupils were dilated; coma supervened, and death took place in fifteen hours from the seizure.

The *post-mortem* was held thirty-four hours after death. Little besides encephalic congestion was discovered. A few vestiges of old clots were noticed on the surface of the cerebrum. The substance of the brain throughout was normal, and no serous or sanguineous effusion was found. The pericardium contained a small quantity of serum. The heart and lungs were sound. The abdominal viscera were all healthy.

P. M. 108.—James H., an Englishman, aged 37; of middle stature, and very good appearance; was admitted 20th August, 1857, and was reported to have been insane only two months. His case was instantly perceived to be one of general paralysis, in an advanced stage. He was very mild, and easily managed. He was free from exalted delusions; his mind seemed to be in a state of bewilderment. He answered questions pertinently, but evinced great obliviousness. His appetite was good, and all the functions of alimentation and excretion were well performed, yet his paralytic condition rapidly became worse. He lost control of the sphincters, and soon after seemed to be devoid of all muscular power. He became semi-comatose, but could be roused to attention, when he would mutter, as if waking from sleep, “How is this?” or “What can this be?” and presently fall back into the same torpid state as before. He continued thus for several days, and died on the twenty-first day from his admission.

The *post-mortem* was held fourteen hours after death. The head only was examined, as it was believed that all the symptoms pointed exclusively to this part. The dura mater was found adherent to the posterior portion of the cranium for some extent. About two ounces of serum were diffused between the pia mater and arachnoid, and the ventricles contained about two ounces more. Upon elevating the trunk about an ounce of serum flowed from the theca vertebralis. The brain was, in every other respect, perfectly healthy.

In the six preceding cases, five had serous effusion, both on the surface of the brain and in the ventricles; four had adhesion of the dura mater to the cranium; three had vestiges of apoplectic clots;

one had lymph deposits on the surface of the cerebrum, and this case is the only one which, so far as I am aware, had acute inflammation of the brain at the outset. Two had limited softening, one had general softening, and one had general hardening of the brain-substance. The two most recent cases, which terminated within a few months from the manifestation of paralytic symptoms and mental disorder, showed but trivial marks of diseased brain. Indeed, number 102 showed nothing beyond the traces of previous apoplectic attacks, and recent apoplectic engorgement.

P. M. 107.—Sarah W., a girl of 18 years, tall, emaciated, and feeble; was admitted 25th March, 1857. Had been insane for seven months previously; and her malady was ascribed, as is too often the conclusion of both the faculty, and their female adherents, to suppressed menstruation: consequently she had run the gauntlet of emmenagogue conflict, with the usual result in such cases. Her step seemed to be uncertain,—occasionally tottering. Her articulation was rather deliberate, but free from that drunken thickening and dragging so palpable in cases of paralysis of the insane in men. She was fond of reading, and evinced pious tendencies. She was gentle and amiable, and had conciliated the kind feelings of all her associates. From her general aspect, the external conformation of the chest, and auscultation of the thorax, tubercular pulmonary disease was diagnosed. She continued in her wonted condition until 2nd of August, when as she was passing from her chamber door across the corridor, she uttered a scream, started as if in terror, and fell. She was carried to her bed, and I saw her immediately. I found the left side of the body totally paralyzed, but the right retained muscular power. She rapidly passed into a comatose state, and died on the day after the seizure.

The *post-mortem* showed the skull to be unusually thin. The glandulæ pacchioni were rather prominent. The membranes appeared healthy. On the inferior surface of the cerebellum a vesicle about twice the size of a Windsor bean was found, filled with clear fluid. The right cerebral ventricle was distended with yellowish serum, in quantity exceeding two ounces. The left ventricle had no



serum. No topical softening or induration was found in the brain; the substance of which was uniformly soft, but not more so than is usually met with in subjects with general laxity of tissue. The thorax contained a few ounces of water on each side. In the upper portion of the left lung were found several indurated deposits, each as large as a pigeon's egg, and of a deep black color. On cutting into these their centres were found to be in the process of softening. A few small tubercles, of light color, were found scattered through other portions of the lungs.

I have appended this case to the preceding six, not as one properly coming within the section of general paralysis, under our present system of classification, which necessarily requires deprivation of muscular power, and that to some extent and of some duration, as a characteristic of the disease; but because its pathological details have appeared to me to establish an affinity with the others, which entitles it to a contiguous position.

In five years I have not, in the Toronto Asylum, met with a single case of general paralysis in a female; and I have had only two cases, including this fatal one, in which paralysis in any form appeared. The second patient has been hemiplegic for nearly five years. The mental and bodily symptoms, in her case, have never borne any striking likeness to those observed in the male cases of general paralysis. Her paralysis came on suddenly, after an apoplectic fit. She has had no recurrence of the apoplexy; her insanity does not approximate to the ambitious monomania of general paralysis, and no change has taken place in her speech. My present impression is that her brain is free from progressive disease, and that the only lesion within it is a residual sanguineous clot.

Why is it that in America general paralysis of the insane is almost, if not altogether, confined to males? and why in Europe is there so considerable a number of exceptions to this rule? In the Scotch asylums intemperance has been assigned as a frequent cause of the disease; and as there is more sobriety among the women than the men, it is alleged that general paralysis is therefore more prevalent among the latter. I do not believe that any necessary connex-

ion exists between intemperance and general paralysis. Nearly all the subjects of the malady whom I have known, have been men of temperate habits.

## II. MISCELLANEOUS CASES.

P. M. 91.—*Pulmonary Apoplexy*.—Alice H., aged 40 years; a woman of short stature, and stern aspect; was admitted 30th September, 1853, and continued in the Asylum till her death, 8th October, 1856. She had formerly been a dress-maker, but latterly a nursery servant. She was hasty, irritable, and suspicious; and when in her fits of ill temper, few could match her in scolding capabilities. She had so strong an abhorrence of vice, as to render her denunciations of the wicked very unpleasant to the ears of the virtuous. Her head was large, and well formed, and there could be no doubt she had been a woman of unusual mental vigor.

She had been married, and had had two children, both of whom, as well as her husband, she had lost by death. She wore her character with the rough side out, for she had much kindness of heart, and sound religious feeling within. She ascribed all her misfortunes and sufferings to the malevolent purposes of those around her, and no doubt she had sufficient ideal reasons for the harshness of her conclusions. In May, 1855, she had an attack of inflammatory rheumatism, in which the heart and kidneys were much implicated. She would not take a particle of medicine until her symptoms had become very distressing and threatening, and then all at once she became docile and courteous, and received whatever was offered to her gratefully. Contrary to all expectation she recovered, but her health remained impaired, and symptoms of pulmonary obstruction appeared and gradually progressed. She had frequent attacks of hemoptysis with suffocating cough, but she would not tolerate any exploration of the chest.

On 5th October, 1856, she was seized with frightful respiratory difficulty, which was presently associated with copious hemoptysis. The face was swollen, and of a livid red hue; the breathing was



hurried, labored, and very distressing; the blood discharged was very dark-colored, and came off very copiously. The feet and legs were swollen, and the discharge of urine was very scanty. She died on the third day of this illness. The *post-mortem* was held twenty hours after death. The membranes of the brain were thickened. A number of small vesicles, containing serum, were scattered over the surface of the brain. No other morbid appearance was presented in this organ. The left thorax contained a good deal of fluid; and the left lung appeared as a mass of grumous blood, which could not be allocated, for the blood-vessels, bronchial ramifications, and parenchyma were all so confusedly engorged as to render their distinction impossible. The right lung was little affected. The heart was hypertrophied to three times its normal size. The liver was enlarged and tawny; it was firmly bound to the diaphragm and the duodenum by old inflammatory deposits. Half of the left lobe was in a state of schirrus, and a few schirrose spots pervaded the right lobe. The pancreas was small, white, and indurated. The kidneys were not larger than natural, but the inferior segment of each was highly congested in the cortical structure. The left ovary was not found; its place was occupied by a hydatid about the size of a pigeon's egg. Were the lesions met with in the brain of this patient adequate to the development of her intense and persistent insanity? Were they essential to the development of her insanity, or were they the results of it? Would more extensive disease of the brain have been compatible with active mental alienation? Would the combined morbid influences of the other diseased organs have produced insanity *without* first provoking actual disease of the brain? I use the term *disease*, in the last question, in the ordinary acceptance; and in deciding on the presence or absence of disease in the brain, from its *post-mortem* appearances, I would adhere to the same rules of pathological evidence, as are held applicable in our examinations of other organs and tissues.

P. M. 95.—*Phthisis without Cough or Expectoration*.—Maria B., long known in the Asylum as “Her Majesty, Queen Anne,” and the proprietor of a medal which I had the honor of handing,



after her majesty's decease, to a lady who more than any other knows how to appreciate the feelings of the insane, Miss D. L. Dix. This patient had resided in the Asylum nearly eight years, the greater portion of which she passed constantly in bed, as she said she suffered under prolonged cholera morbus, and was always in a dying state, notwithstanding her regular appetite and general bodily comfort. She was subject to paroxysms of vociferous phrensy, in which she yelled and swore with more than majestic profanity. Her age was over sixty, but she would not tolerate any allusion to this delicate fact. There is no record of the duration of her insanity before admission. During the three and a half years she was under my care, no symptom of pulmonary disease was evinced; but in the autumn of 1856 she rapidly lost flesh, and died from apparent exhaustion on 21st November. The *post-mortem* examination showed the following facts. The skull was devoid of diaplœ between its tables. Two or three ounces of bloody fluid escaped from beneath the arachnoid, when the cavity of that membrane was laid open. The pia mater was thickened on the right side, at its superior part. The cerebral ventricles contained a small quantity of serum. The brain was in all other respects healthy. Both lungs were adherent to the ribs by strong pleuritic bands. The right lung was extensively pervaded by tubercles, and the left was completely excavated by ulcerated masses of them, though the patient had not either coughed or expectorated noticeably during life. The transverse arch of the colon was displaced, and depressed towards the pubes. The liver was tawny colored and surcharged with bile. The ovaries were shriveled and indurated, especially the left, which was as hard as if it were a calcareous deposit. The kidneys were unusually small.

The most remarkable feature in the preceding case, was the great extent and advanced stage of pulmonary excavation from tubercular disease, unaccompanied by the usual symptoms of cough and expectoration. This fact has often been noted in insane hospitals, and seems to be regarded as peculiar to the inmates of these institutions. But might not more extended *post-mortem* examination of the bodies

of the sane shew that the exemption is not confined to lunatics? The majority of insane consumptives have both cough and expectoration. Why should a minority escape the condign necessity?

The displacement of the transverse portion of the colon, observed in this case, is a fact occasionally observed in *post-mortem* examinations of chronic lunatics. I have not yet seen any satisfactory explanation of this lesion. Is it peculiar to the insane? Has the continued wearing of the strait-waistcoat, too tightly fastened, anything to do with it? May not constipation, and an overloaded state of the intestine, gradually lead to it? Other displacements of the colon, which can hardly be ascribed to the strait-waistcoat, may be observed in the abdomens of the insane. I have twice met with displacement, or elongation upwards of the sigmoid flexure, in which the short curve was as high as the arch of the colon. As to the overloading of the colon by retained indurated fæces, I believe this state of the canal is not more common among the insane than with other people. At all events it is rarely seen after death. I remember only one instance, in my observation; and then the distention was chiefly in the descending colon. I have seen only one instance of displacement of any sort in recent insanity;—in this case the patient had been severely handled at home, before coming to the Asylum. I have endeavored, in other cases, to discover whether the waistcoat had been employed; but so far as related to the Asylum residence of the patients, such had not been the case. I have, however, in consideration of the liability of the insane to this intestinal displacement, a very strong aversion to strait-waistcoats; or at all events to tight ones.

P. M. 106.—*Enlarged Spleen*.—Ann McC., a married woman, aged 30 years, a farmer's wife, and formerly a maid-servant in this neighborhood; was admitted 20th January, 1857. Her insanity supervened upon child-birth, but had not a single feature of puerperal mania. It was stated to be hereditary, and she had a short attack at 15 years of age. I was informed that she had, a few years back, fallen from a height of a few feet, and that she complained of pain and weakness of the back always afterwards. I could, however,



discover no spinal curvature, or tenderness. She was silent, torpid, and somnolent. I discovered, on personal examination, that the spleen was enormously enlarged, extending to the linea alba, and within two or three inches of the left groin. Her color was perfectly anemic, but she took her meals when presented to her, and seemed neither to gain nor lose, in either bodily or mental condition.

Early in July she was seized with diarrhea, and had numerous copious, fetid evacuations of very dark-colored fluid matter; immediately after which the enlarged indurated spleen could no longer be felt by the hand. She died 7th July.

The abdomen, only, was opened. The spleen was the only organ which could be said to shew a diseased condition: its peritoneal covering was loose and wrinkled, clearly shewing its recent decrease of bulk. No topical marks of disease were observed either on its exterior, or within its vascular texture. It seemed, however, even in its then comparatively shrunken state, much congested. The intestinal mucous membrane had a dark reddish hue, but was not in a diseased state. The liver was mottled, but not enlarged, or transformed in structure. All the other abdominal, and the pelvic viscera, appeared healthy.

P. M. 68.—*Biliary Calculus*.—E. McP., aged 63 years; married, mother of nine children, wife of a farmer. This patient was reported to have been insane for six months prior to her admission into the Toronto Asylum, which took place on 25th May, 1855. It is, however, my belief that her mental infirmity had a more remote origin, but was not regarded as amounting to insanity until it assumed an aggravated form. Her bodily health had been very defective for several years. She had once been a corpulent, and apparently robust woman, but at the time of her entrance into the Asylum she had become greatly emaciated.

From the time of admission I observed that she frequently clasped her hands, with much force, over the right hypochondrium and the abdomen, and complained of severe pain. Her aspect indicated much mental and bodily suffering. She was in dread of poverty and starvation, and fancied she had been defrauded of much property.

The sight of the Asylum cows grazing on the grounds in front of the building, peculiarly excited her. She called them her own, and was in dread of their being stolen. She talked much of her own farm stock, and other domestic concerns. She was a Scotchwoman, and no doubt had always evinced the usual prudent foresight and frugal industry of her country : so that the morbid mental phenomena now exhibited might be regarded merely as exaggerations of her normal habits. The treatment consisted in generous diet, and a moderate allowance of wine, with such medicaments as the state of her digestive organs from time to time appeared to demand. The abdominal pain referred to recurred, from time to time, irrespective of the condition of the bowels,—whether constipated or the contrary. No improvement in either her mental or bodily condition was effected. On 29th August, three months after her admission, she fell suddenly into a state of alarming collapse ; her legs and arms became blue and cold, and the radial pulse was scarcely perceptible ; but her face was florid. She complained of her usual pain. Brandy and ammonia were administered, and artificial warmth was applied to the upper and lower extremities. In a few hours she had several copious evacuations from the bowels ; she complained of great thirst, and constantly called for cold water. The state of collapse proceeded, and she expired in about fourteen hours from its invasion.

A *post-mortem* examination was held next morning. The head was not opened. The heart was healthy, excepting a slight dilatation of the aortic arch. The lungs were also healthy. The liver was tawny colored, and much softened, and its ducts surcharged with bile. The gall-bladder was greatly decreased in size, and its cavity was filled with a biliary concretion, about one and a half inches long, and three fourths of an inch in diameter. The peritoneum presented strong marks of chronic inflammation, and numerous inter-attachments of great firmness were observed. A recurrence of this inflammation had recently taken place, as was proved by the vascular turgescence in several parts. The whole tract of the alimentary canal was severely inflamed, and numerous gangrenous spots were observed in it. The kidneys were pale and very



friable, but no oil globules appeared in them. At the bifurcation of the aorta a large clot of blood was found within the vessel, which had apparently obstructed the entrances of the common iliacs. On removing this clot, fluid blood flowed freely from the aorta and the iliacs.

P. M. 85.—*Biliary Calculus*.—Helen R.; a married woman, mother of eight children; was admitted into the Asylum in December, 1846, and continued an inmate till her death, in April, 1856.

Her insanity was hereditary, and manifested itself in the form of jealousy. She was thirty-nine years old at her death, but no one would have supposed from her appearance that she was more than half that age. She must have had her children very fast, as she was only in her thirty-first year when she entered the Asylum. Before she came under my care her malady had settled into a form of chronic dementia. She passed much of her time in bed, in an almost vegetative state of existence, though at times she evinced considerable irritability and peevishness. Her aspect was quite anemic, and she was very feeble. During the last year of her existence she had become subject to periodic attacks of diarrhœa, but did not complain of any pain—a circumstance, however, to which no weight could be given, as she was habitually taciturn and unsocial. The attacks of diarrhœa became more frequent and prolonged, and required the free use of sedatives to restrain them. She was ultimately reduced to a mere skeleton, and sank from exhaustion.

*Post-mortem*. On opening the head the dura mater was found to be thickened and opaque. The pia mater showed great vascularity. The brain was atrophied, but no serosity of unusual quantity was found on or in it, nor were any other morbid indications beyond those mentioned observed in connection with this organ. The heart and lungs were free from every form of lesion. The liver was enlarged, and tawny-colored, and showed marks of chronic inflammation. The gall-bladder was firmly attached to the contiguous viscera over its whole surface by fibrous deposits, and its cavity was filled by a semi-transparent albuminous fluid, in which floated four loose gall-stones, (these gall-stones were composed of inspissated bile, enveloped in cholesterine,) and a fifth, weighing thirty-three grs.,

was impacted in the cystic duct. The largest of the other four weighed thirty-two grs., and the remaining three respectively eight, six, and five grs. Aggregate, eighty-four grs. The cystic and common ducts had each a calibre equal to an ordinary goose-quill.

Is it not probable that the occlusion of the cystic duct by the large gall-stone, by which the bile was prevented from entering its proper reservoir, and was therefore at times, when freely secreted by the liver, thrown into the duodenum too copiously, provoked those periodic and latterly frequent attacks of diarrhœa which were suffered by this patient? And is it not also probable that this woman suffered much severe pain on these occasions, of which, from her taciturn and uncommunicative habits, she refrained from complaining? It is beyond question that in many forms of the most severe visceral disease the insane abstain from all expression of pain, and that we are often, in our *post-mortem* sections, astonished at the discovery of formidable disorganizations which, during life, we had never been led to suspect. The uterus of this patient had undergone chronic enlargement, and was distorted by both retro-flexion and latero-flexion.

P. M. 87.—*Biliary Calculi*.—John H.; a native of Canada, aged 67 years; admitted 26th October, 1855. Said to have become insane only one year previous, and to be suicidal and dangerous. Former habits temperate and regular. This patient was in feeble health when admitted, and it was found necessary to keep him in bed. The pulse was intermitting, and on examination the heart was discovered to be enlarged and very irregular in its action. His mental tendencies were distressing to those in charge of him. He was acutely timid and suspicious, and seemed to dread every person who approached him. At times he was very noisy, and indulged in a loud plaintive chant of the most incoherent character, in which might be detected at intervals the expressions, "I will open your eyes!" "I will warm your ears!" Unfortunately he accompanied these threats by very heavy blows from both his fists on his own ears, eyes, and cheeks, and occasionally he exhibited all the usual tokens of severe pugilistic encounters. He was treated with generous diet, occasional laxatives, and cardiac sedatives. On the morn-



ing of the 25th May, 1856, seven months after admission, whilst taking his breakfast, in his usual health, he fell over in his bed and expired without a struggle.

The *post-mortem* examination showed extensive chronic thickening of the membranes of the brain, and slight deposits of serum in the ventricles and at the base. The heart was enlarged and softened, and the auriculo-ventricular valves were greatly thickened by deposits of false membrane. The liver was enlarged and tawny-colored. The gall-bladder contained five small stellate concretions, formed of inspissated bile, and weighing in all seven grains.

Few cases of insanity, characterized by strong emotional disturbance, are found unaccompanied by cardiac disease in some form or other. It may not always be possible for us to decide whether this physical evil has been the result of the mental disorder, or the cause of it, or whether it may not be merely an aggravating concomitant. High emotional disturbance in female lunatics is no doubt frequently ascribed to reflex uterine influence; yet even in these cases, functional disorder, and, too often, organic lesion of the heart will also be detected. I do not, perhaps, overrate the proportion, when I state that in one-third of all the bodies I have examined *post-mortem*, in the Toronto Asylum, dilatation of the arch of the aorta has been observed. Valvular inefficiency is more easily diagnosed during life, than detected after death. I believe it is not very frequent, though more common than may generally be supposed.

All who labor under cardiac disorder are subject to disturbed sleep and frightful dreams. The dreams of the insane are probably not separated from their waking thoughts by any very distinct or broad line of demarkation, and consequently many of their day delusions may be but the rehearsal of their sleeping phantasies. Why the old man whose case I have last described should have indulged so pertinaciously in the practice of self-punishment, is an interesting psychological question, to which I am not prepared to offer any solution. I can hardly suppose that he mistook his own head for that of an imaginary antagonist, or that he was insensible to pain.

I have another patient, much younger, a female, who indulges in

the same disagreeable practice. When the self-inflicting fit is on her, every attempt to soothe or tranquillize her but augments her rage, and provokes her to heavier blows. Is there any affinity between these cases and others in which a propensity to bite the nails, and the ends of the fingers, and tear out the toe-nails, as well as to abrade the skin in various parts of the body, is observed? To what extent, if to any, may these propensities be regarded as purely automatic?

P. M. 103.—*Biliary Calculi*.—Nancy H., aged at her decease 57, was first admitted in 1841, and is recorded as then epileptic, and of intemperate habits; but no further particulars of her case are found, excepting that she was discharged seven times in six years, and as often re-admitted. If each discharge was in the Asylum statistics equal to a cure, this woman was a valuable moveable, and her asylum history is a useful commentary on the general subject of hospital statistics.

In July, 1847, she was admitted for the eighth and last time; she first came under my observation six years afterwards, on my entrance on duty. She was then in a state of confirmed dementia, which was frequently broken by epileptic invasions of a very threatening form. For a day or two prior to each recurrence of her paroxysms, she was noisy, passionate, and dangerous to her associates, striking with impulsive fury any one within her reach, and with any implement which chanced to be at her command. When the fit of epilepsy seized her she would fall down utterly powerless; the face became frightfully livid, the cheeks, lips and eyelids swollen, and the external jugulars enormously distended. The breathing was stertorous and very laborious; the tongue protruded and was swollen and purplish. She would remain in an insensible and semi-asphyxiated state for several hours, and a troublesome cough always accompanied the recession of her paroxysm. Her general health in other respects was good, and like many other epileptics her appetite was often voracious. About ten days prior to her death, symptoms of severe cardiac and pulmonary difficulty were evinced. Her feet and legs became œdematous and livid, and distension of the abdomen supervened. Her bowels were quite regular, and there was no marked decrease of the



urinary secretion. I gave her a few doses of Tinct. Scillæ and Spts. Eth. Nitros., which were followed by copious discharges of urine ; but no mitigation of the thoracic symptoms ensued. She gradually became worse ; the lividity of the whole surface of the body increased almost to an inky hue, but she was quite free from coma. She died suddenly a few minutes after taking some food, and speaking as usual to her nurse and the matron.

The body was examined 27 hours after death. Its condition was that of general plumpness and obesity. The neck was remarkably short and thick. The cranial integuments were loaded with dark blood. The skull was thin. The dura mater was free from the cranium, but was adherent to the cerebrum at several spots along the summit. The arachnoid and the pia mater were both thickened, and some slight lymphic deposits were seen along the furrows between the convolutions, in the texture of the membranes. The cerebrum was normally firm, and the gray and white portions were in normal relation. The cerebellum was rather soft. In all other respects the brain was apparently sound. The right cavity of the thorax was full of water, and the lung was collapsed ; but no pleuritic adhesions were present. The left lung was sound, and pervious to air throughout. A few pleuritic bands, fastening it to the ribs, were found. No morbid deposit existed in the substance of either lung. The pericardium contained several ounces of water. The heart was of enormous size, and much loaded with fat. On dividing the vena cava a great quantity of blood came from below. The right auricle of the heart was greatly distended. The aortic arch was dilated to upwards of an inch in diameter, and the pulmonary artery was also enlarged. The semi-lunar and mitral valves were both incapable of closure, and had slight calcareous deposits on their margins.

The abdomen contained much water. The liver was much enlarged ; it extended four inches lower than the margin of the ribs. A broad depression on its convex surface, corresponding with the margin of the ribs, and of hard, white texture, was observed. Sections of the gland exhibited a fine-speckled, granular aspect. The interspaces of the granular structure appeared as a beautiful vascular, red



network. The general color was tawny. The weight of the whole viscus was over 8 lbs. The gall bladder was thickened and contained upwards of twenty biliary concretions, none of which were of any considerable size. The spleen was very small, and extremely hard. Its surface was studded with white indurations. On section its color was a rich, dark red. The stomach and intestines were quite healthy. The kidneys were also healthy. The uterus was much larger than natural. The left spermatic vein was in a highly varicose state—its calibre being equal to that of the femoral, and from its tortuosity it had a very prominent aspect. On following it into the uterine walls it was found to continue much enlarged in its ramifications, and thus chiefly was the enlargement of the uterus accounted for. The right spermatic vessels were of normal size. The ovaries presented the aspect usual at this woman's age—they were shriveled, hard, white, and nodulated.

This patient had passed the menstrual period of life, long before she became known to me ; and I can not therefore state whether she had formerly been subject to menorrhagia or not. From the chronic enlargement of the uterus, and the varicose state of the spermatic vein, I should infer that she was subject to very copious sanguineous uterine discharges. Is it not very probable that her epileptic disorder proceeded from periodic uterine disturbance ? The brain presented no lesion or peculiarity which could be regarded as causative of the epilepsy ; and the state of the heart was but the natural result of long continued epileptic struggles.

I have found a varicose condition of the uterine veins in several other cases of female lunatics who, during life, had been subject to menorrhagia, though free from epilepsy ; and the hemorrhage has always been preceded by severe mental paroxysms, which subsided with the cessation of the uterine discharge. Reflex uterine influences certainly play a very important part in the drama of female insanity, and though they may not have been the essential originators of the malady, they very materially modify its symptoms, and they should command our most careful consideration, when deliberating on the course of treatment, whether moral or physical, which we should pursue.

PARALYSIE GENERALE. BY M. H. RANNEY, M. D.

[*From the American Medical Monthly, June, 1858.*]

THIS disease has been but recently discriminated from other forms of paralysis. The attention of the medical profession was first called to it by Esquirol, within the present century. It may have been confounded, perhaps, with the results of apoplexy, ramollissement, tumors, tubercles, &c., of the brain. It is a singular fact, however, that its frequency has greatly increased during the last sixteen years, as will be seen by reference to the various annual reports of the Superintendents of American Hospitals for the Insane. In the report of the McLean Asylum, for the year 1844, Dr. Bell remarks, "I have regarded it as a somewhat curious fact, that it is only within the last three years that this disease has been admitted to this institution. As late as my visit to Europe in 1840, it was unknown within our walls; nor, after seeing it so often manifested there, can I recall any case in our register which would at all meet its characteristics, rendering it certain that it was not overlooked. Since that period, however, we have abundant evidence that it is not a form of disease peculiar to other countries."

The recent investigations by Calmeil, Foville, Rodrigues, Falret, and others have thrown much light on its nature and character. The name adopted by Esquirol does not give a correct idea of the disease. There is not usually complete paralysis, but the power of volition is partially lost, so that muscular action is imperfect and unsteady.

The characteristics of this disease are found in the paralysis, and in peculiar mental aberrations. Either the physical or the mental affection may be antecedent in its manifestation.

The first paralytic symptom is an affection of the muscles of the pharynx and larynx, which changes much the tone of voice, and produces a difficulty in articulation. There is a peculiar "cracked,"



husky tone, and a hesitancy between syllables and words, like stammering. A slight excitement produces a spasmodic action of the muscles of the face, particularly about the corners of the mouth and eyes. The tongue when protruded is tremulous, and thrown forward by successive efforts resembling the spasmodic action observed in chorea. The face becomes expressionless; as the disease progresses all of these signs become more marked, and a difficulty occurs in locomotion. The patient totters in his gait, and if he attempt to change suddenly his direction, is likely to fall. In falling he makes no apparent effort to recover himself, and his head strikes with equal force as other parts of his body. Deglutition is gradually impeded, and eventually there is a loss of control over the sphincters. In most cases epileptiform convulsions follow at intervals, varying from one week to three months, each of which seems to lessen the vital power of the system, and to increase, temporarily at least, the extent and degree of the paralysis.

The mental changes are marked both in the susceptibility and intellect. The patient is restless, constantly moving from place to place, peevish, fretful, and impatient of contradiction. He is ever discontented with his present condition, although the past and future afford unalloyed happiness. Opposition to his wishes is soon forgotten. Recent events are generally but feebly retained, while the past affords to his mind images of unparalleled success, and the future glows with day-dreams of great achievements to be performed, or noble actions done. The disease may assume the form of mania, monomania, or dementia. The most prominent and usual characteristic is generally exaltation of the imagination. The belief is permanent, that he excels in every thing, and possesses strength, wealth, influence, and intellectual capacity far beyond that of any human being. They who were previously endowed with a brilliant imagination, and had received high mental culture, present visionary schemes of the most attractive character. Their language is well chosen, and their style highly poetical. They project ships on an immense scale, and palaces of pure gold, control kingdoms, and discover the secrets of Providence. Great subjects alone occupy their



attention. The following extract, from the register of the N. Y. City Lunatic Asylum, illustrates this phase of the disease. The imagery of the delusions is entirely that of the patient, and his style and language is retained as far as practicable.

“ H. H., born in Virginia, aged 32, admitted 1853. After receiving his degree at Yale, he was supplied with an abundance of money, and unrestrained in the gratification of every desire. His funds becoming exhausted, he endeavored to obtain a living by his own exertions, but with indifferent success, on account of the impairment of his mind and health through the influence of his former habits. His system is very feeble, and a large ulcer upon one of his limbs renders him almost helpless.

“ The imagination of H. H., naturally active, is morbidly exalted. He believes himself to be the ‘ Earl of Warwick, the King-maker,’ and adds to the singularity of the delusion, by the conception that he is fourteen feet high, and large in proportion. He wishes to purchase the asylum and all its contents, proposes to bestow the most magnificent presents and the most extensive estates upon the physicians, and signs papers to that effect. Nothing is beyond his reach by reason of its expensiveness ; nothing to good for his friends. His clothes are of the finest cloth, lined with the most costly satin, decked with intricate embroidery, and ornamented with buttons of enormous diamonds. For him magnificent pictures adorn the walls of mansions which the highest architectural skill has reared. The souls of Praxitiles and Canova shine through the marble monuments of their art which fill the corners of his libraries. Through the stained-glass windows, shaded by the heavy folds of Genoa velvet, the light falls upon the most rare editions of the works of those men whose literature is eternal.

“ Carpets, the delicacy of whose tints rival those of the summer cloud at sunset, cover the floors of his apartments. Tables inlaid with precious stones which cause the envy of the brightest stars of heaven, uphold wines sparkling upon the brim of golden goblets, as if anxious to kiss the lips of the drinker, and viands which have been prepared with the consummate skill of the highest culinary

art. Flowers of supernatural beauty, whose delicate perfume angels might use on their spotless garments, fill his conservatories.

“ Among the spreading branches of the trees of his pleasant gardens birds of brilliant plumage and unrivaled song pour forth their sweet voices in harmony with murmurs of fountains whose silver-edged bubbles ripple over pearls and garnets, and whose banks are clothed with the herbage and verdure of the tropics.”

Even they who previously possessed but little imaginative power evince now the most lively conceptions. Matters of common occurrence may occupy the attention, but are so vividly and fancifully described as to render it difficult to detect the real nucleus of fact. The exhilaration produced on certain individuals from stimulating drinks bears some resemblance to the expansive ideas in this form of paralysis. These delusions continue until the disease has progressed to a low state of dementia. There is an occasional exception to the general rule of exaltation. In such cases the mind seems depressed and enfeebled from the commencement of the attack, and the paralytic symptoms are very strongly marked.

The presentation of symptoms and the diagnosis being the principal object of this paper, I select a case from Esquirol, in which the prominent characteristics are given. “ M. L. D., thirty-eight years of age, had participated in the last campaigns of the empire, and was elevated to the rank of colonel after the restoration ; uniting to every physical and intellectual quality all the advantages of a lofty position in society, and a large fortune. He was of the opinion that he had experienced injustice on the part of the government. His self-love was deeply wounded, and after many days of insomnia he gave himself several thrusts with a knife in the region of the heart. He was promptly succored, and his services were but for a brief period discontinued. From this time he expressed with bitterness his dissatisfaction, but was in no respect less exact in fulfilling his duties as a commanding officer. Two years subsequently he has an attack of cerebral congestion, for which he is largely bled. Two days later he has a second attack, more severe than the first. He remains excited, talks much, is agitated, irritable, and exacting. He does not sleep,



and after a third attack a true mania is developed. The delirium is generally attended with agitation, and notions of grandeur and fortune. He commits a thousand extravagances, remains almost naked, talks incessantly, cries aloud, orders a thousand things at once, is impatient, and commits strange and imprudent acts which compromise his life, though he entertains no idea of suicide.

“Several physicians are called in consultation, and the maniacal state of the patient can not be denied. His age, however, and the brief duration of the disease, offer to the counselors expectation of a cure. I affirm that the patient will never recover; 1st, because three severe attacks of cerebral congestion had preceded the maniacal state, and that, consequently, there was some degree of cerebral lesion; 2nd, because, notwithstanding his excessive loquacity, certain words are imperfectly pronounced, and because his gait, although lively and active, is uncertain. I added, that active medication would hasten the progress of the disease; that the country, exercise, a severe regimen, and the repeated application of leeches to prevent new congestions, appeared to me to be the only proper course. One of the consulting physicians did not concur with me in my unfavorable prognosis, and proposed certain tentative measures.

“After a month spent in fruitless attempts, we were obliged to renounce all hopes of cure. Paralysis had progressed, and dementia was confirmed—the patient retaining incoherent notions of grandeur, which persisted for more than two years. He regarded himself as the possessor of several provinces and kingdoms; distributed palaces, and gave away millions, and commanded also an army of giants. His cavalry was mounted upon horses of gigantic size; he possessed palaces of diamonds, and his stature was 20, 30, and 40 cubits in height. He talked both night and day; now in a low tone, now loudly. He also uttered loud cries. Beset by hallucinations of hearing, he listened to the voices of imaginary beings, and replied to them, boasting of his person, disputing with and even abusing them. He recognized the members of his family, and addressed them with amiability and politeness; but after a brief interval, however, resumed his habits of constant conversation. He was sent into the country.”



*Paralysie générale* occurs more frequently among males than females; in fact, among the latter it is of rare occurrence. No good reason has been assigned for this—the predisposing and exciting causes to which the disease is referred being found in operation in both sexes. At Charenton, of 619 insane (366 men and 253 women) there were 109 cases of general paralysis, (95 males and 14 females.) Into the Asylum at Halle, in the Tyrol, 257 men and 181 women were admitted, among whom were 28 cases of general paralysis, (22 men, 6 women.) In the New York City Lunatic Asylum, of 5,092 (2,391 men, 2,701 women) under treatment within the last eleven years, 85 deaths have occurred (76 males, 9 females) from this disease. It is a disease of adult life, rarely occurring before the age of twenty-five. Those of a sanguine temperament are more liable to an attack, especially if of a full habit with a tendency to apoplexy. It occurs to a great extent in the class called *good livers*, who remain up late at night, and indulge in suppers with a free use of wine, the mind at the same time being actively engaged. Venereal excesses, a free use of mercurials, syphilitic diseases, a hereditary taint of insanity, or scrofula—in a word, every thing that tends greatly to deteriorate the blood, impair the constitution, or lessen the vital power of resistance, may act as a predisposing cause. The exciting cause is generally some sudden mental shock—a loss of friends or property, great anxiety in business matters, or it may be an indulgence in very great excesses.

There are various diseases with which it has been and may be confounded. “*Ramollissement du cerveau*” has some symptoms in common with it; but the continued pain in the head, occasional vomiting, rigidity of the flexor muscles of the limbs, and stupidity instead of exaltation of intellect, seem sufficient to distinguish it from general paralysis. In the last-named disease there is also a softening of the brain, but it is the cortical portion that is particularly affected, and this gives rise, usually, during its progress from irritation to softening, to the peculiar mental symptoms that have already been described.

Cerebral hæmorrhage is usually accompanied by paralysis of a

hemiplegic character, and its sudden invasion with the ordinary apoplectic symptoms is a distinguishing feature in its diagnosis.

Inflammation of the brain or its membranes, as well as the affections of the spinal cord, might lead to error from superficial examination, but the rapid progress of the one, and the paraplegic character of the other without any peculiar mental aberrations, would indicate the nature of the disease. Delirium, arising from inflammation, differs essentially from delusions. There is generally a low condition of the system; the mind is not occupied with external objects, but seems to retire within itself, and in a half comatose state is manifested by incoherent mutterings, without ever exhibiting the reasoning power of insanity.

Paralysis caused by mercury, alcohol, or lead, may be distinguished by a careful study of the causes and symptoms, the muscles of the extremities being in these cases at first affected either with numbness, trembling, or a complete paralysis of the extensors.

Morbid growths of the brain, such as tumors, (malignant and non-malignant,) tubercles, &c., present many features in common with general paralysis. The character of the morbid growth can be inferred only from the particular diathesis, or by the external manifestations, the paralytic and mental conditions involved in them depending principally on compression and inflammation, with its sequences. The change occurring in the mental faculties is that of general enfeeblement, presenting eventually the ordinary characteristics of dementia. The last stage of general paralysis closely resembles this, and its discrimination requires a knowledge of the previous history, and a careful analysis of the successive order of the paralytic symptoms.

The following is selected from the case book of the New York City Lunatic Asylum, as an illustration of this error in diagnosis. It had been considered as the effect of a morbid growth in the brain, previous to admission. "C. L. S., æt. 36, by profession an actor, was on the 10th of December, 1856, admitted into the Asylum. When admitted, he was found to be completely demented, paralyzed, unable to walk or stand, and with difficulty to swallow. He lingered nine days, when the disease terminated in death.



“ The following history of the case, communicated by his brother, together with the *post-mortem* appearances of the brain, indicate the form of the disease of which the patient died to have been *paralysie générale*. His brother states that he had always been a temperate man. Some two years since, in consequence of domestic and business troubles, he passed through a period of great mental anxiety and excitement.

“ A year ago last October, while in Philadelphia, he exhibited strong symptoms of insanity of a maniacal character, succeeded by a condition of prostration. Soon after recovery of physical health, a change in his character was noticed ; he became irritable, impatient of contradiction ; at times despondent, and then very sanguine of success in his profession and business. His time, following such recovery, up to April last, was spent in forming business plans, and studying the important characters of Shakspeare, in the belief that he was to become a prominent actor, although his friends knew him to be incompetent in this respect from the great impairment his memory had lately suffered. When slightly excited, twitching of the corners of his mouth and tremors of the muscles of his face were noticed ; his tongue was protruded with difficulty, and his voice altered and ‘ cracked ’ in its tone. All of these symptoms increased in intensity about the beginning of April last, when, on the 8th of that month, he had a convulsion of an epileptiform character, as described by his brother, followed by prostration. From this, he afterwards gradually improved until August last, when he had another severe convulsion, followed by loss of consciousness. For several hours previous to this last convulsion, it was noticed that his left arm had become paralyzed. He was then taken to a hospital, and for a short time improved so as to be able to walk about the ward, and regained considerable power in the use of his tongue and arm.

“ During the four months he remained there, his brother states that he had several convulsive attacks similar to those already mentioned, followed each time by increased helplessness and greater loss of mental power, until he became reduced to the condition in which he was brought to the Asylum. Autopsy fourteen hours after death :



skull a quarter of an inch thick, and of a texture less dense than usual; dura mater and arachnoid closely adhered over summit of cerebrum; arachnoid thickened, and presenting an opaline appearance, with serum between it and pia mater; general appearance of brain atrophied; the cortical structure somewhat softened, and easily scraped with the knife or finger-nail from the white medullary substance; this latter was found to be hardened, of firm texture, and glossy in appearance; the ventricles were largely distended, and contained  $\frac{3}{4}$ iv. of clear serum; the floors of both lateral ones had a feeling of roughness to the touch; the foramen of Monro was large and patulous, easily admitting the end of the little finger; the middle or soft commissure was wasted to a thin ribbon of almost transparent membrane; the pons varolii and medulla oblongata were of less than usual size, and the pituitary gland shrunken, and the upper portion of its peduncle enlarged. The weight of the brain, drained of the serum in its ventricles, was two and a half pounds, which is some ten ounces less than the average given by Solly."

The most common pathological change in *paralysie générale* is a softening of the vesicular neurine of the brain, especially in the anterior portion of the parietal regions. Sometimes the tubular neurine is also involved. Various other changes are occasionally found, such as thickening of the membranes, effusion of serum, induration of the cerebral substances, &c., but with no particular uniformity; and these, in fact, are found in many of the chronic diseases of the brain. The length of time in which the disease has progressed, must necessarily vary the cadaveric phenomena, and if death occur very early there may be no manifest softening; yet from this it does not follow that it has not been in progress, that there is no organic detritus. Either a subjective cause like over-excitement of the mind, or an objective one like intemperance, or moral and physical causes combined, may over-stimulate the brain, and its continuance result in congestion, from which condition serum may be effused into the primitive cellules, causing irritation that may or may not end in softening. Why softening follows in this form of paralysis, but not in ordinary congestion, is not well settled. It may depend either

upon some particular predisposition on the part of the patient, or upon some unknown peculiarity of the disease.

The prognosis is highly unfavorable. Rodrigues mentions a few cases of recovery, but by most the disease is considered incurable. Death follows, generally, in from one to three years after the first symptoms appear, but life is occasionally prolonged beyond the last-named period. If it occur early in the disease, the termination is usually by epileptiform convulsions; if at a late period, from general exhaustion, or disease of some important organ other than the brain.

The object of this communication being merely to call the attention of the profession to the general characteristics of this form of paralysis, I will not dwell upon the subject of treatment.

M. Rodrigues recommends the adoption, at an early stage, of active measures, such as frequent venesection, &c. After the disease is somewhat advanced, he advises the occasional abstraction of blood, in connection with tonics, aromatics, and cold baths, while at a later period he recommends laxatives, and revulsives to the skin. The treatment of M. Rodrigues has not been found successful when adopted by others, although he gives a very favorable account of its results.

The observance of general principles of treatment to meet the indication of the symptoms has seemed to be attended with as much benefit as the adoption of any other system. I have seen more temporary good effects follow the use of a seton, or the free application of Ung. Tart. Ant. to the back of the neck, than from any thing else in the way of treatment. If at a very early stage the habitual excesses which had partially undermined the system were corrected, and a careful hygienic course pursued, some hopes might then be entertained of a gradual restoration.

TRIAL OF ROBERT C. SLOO, FOR THE MURDER OF JOHN  
E. HALL. DEFENCE, INSANITY.

ON the 11th day of November, 1856, Robert C. Sloo, of Shawneetown, Gallatin county, Illinois, in the daytime, killed, in the presence of five or six persons, by two pistol shots, John E. Hall, clerk of the circuit and county courts of the same county, while engaged in his office with another person, in official or other business. It was done quietly, without a word spoken or any sign or act to intimate his purpose. The first shot was given in Hall's neck, and the second, as he turned convulsively, in his bosom. He expired immediately.

The grand inquest of the county found a bill against Sloo for willful murder, and the indictment was tried in the circuit court, held in the county of Gallatin on the 20th day of July, 1857, by Wesley Sloan, presiding judge.

By consent of all the parties, Henry Binmore, of the *Missouri Republican*, was allowed to be a reporter of the proceedings; and it is from his report, printed by George Knapp & Co., of St. Louis, in a pamphlet of 153 pages of small and almost unreadable type, that we make an abstract of the case.

It took eleven days to impanel a jury of twelve men to try it. New York fashions of administering justice do not seem to be tardier in reaching the rural districts than New York fashions of dress; and people in Illinois are quite as prone to read newspapers and indulge in crude and hasty opinions, as the denizens of the Five Points and the purlieus of the City Hall. It would seem that in this country, to be a juryman in a criminal case, requires an abstinence from the acquisition of news, and the expression of conclusions on what one hears or learns, that in Athens would have been odd enough to subject a man to the suspicion of being unfit, from that very cause, to sit upon a jury, or do any other thing that required a knowledge of what was going on in the world.



But it is for the legal profession to say whether the various panels summoned in this case of Sloo were properly challenged and rejected or not. Our province is confined to the consideration of the case after the impanneling of the jury, and when the plea of the insanity of Sloo is presented for his defense.

The death of Hall by Sloo's hand was at once admitted on the part of Sloo's counsel. The proof of it, submitted to the jury, is satisfactory on that point.

The homicide being admitted, the only defense interposed was insanity.

To prove this defense, Dr. Herod, the physician of Sloo and his family, was called, who testified that he had been a practicing physician twenty years, and had known Sloo since he was a boy, but not particularly until 1851. In the spring of 1852, Sloo consulted him respecting a disease which distressed him, technically known as spermatorrhœa. The witness prescribed for him "off and on" for that disease until the latter part of 1854. He advised Sloo to leave home, and consult physicians more conversant with that particular disease. This Sloo did, and was absent twelve or fifteen months, but returned worse rather than better. His disease made its eruptions sometimes once or twice every day, and sometimes two or three times a week, and the result was indigestion and costiveness, (requiring the constant use of aperient medicines,) together with weakness of the knees, jerkings of the thigh, pains in the back, and frequent urinary inclinations.

As to the effect of the disease, Dr. Herod testified that of course the nervous system would suffer a great deal by it; that it would produce general debility of the lower members of the body; that he at one time, in 1854, found Sloo laboring under what is termed a congestion of the brain, but more probably approaching epilepsy; that two or three months after that, he was attacked in a similar manner with a strong determination of blood to the brain, his face flushed, his teeth set, his eyes restless, his breathing difficult, his hands cramped, and the muscles of the face slightly twitching.

Dr. Herod further testified that Sloo, between 1851 and 1854,

went to his office to consult him respecting his disease, every two or three days, and sometimes every day, manifesting great concern about his case. Towards the latter part of their intercourse the doctor observed that Sloo avoided him, crossing the street to do so, and passing without speaking, which was unusual. This conduct was continued for about three weeks, with few exceptions, before the alleged murder, Sloo avoiding him as if they had quarreled. Sloo complained frequently to him that, on stooping down, he felt dizzy—his head swayed; that he had a pain in his head “pretty generally all the time, sometimes worse and sometimes better.”

On his cross-examination Dr. Herod stated that this was the only case of spermatorrhœa he had ever treated, and that his knowledge of it was chiefly derived from Lallemand’s treatise, as anglicized by Wood, which he read frequently while he was prescribing for Sloo; but that he had also perused a pamphlet treatise on the same subject, the author of which he could not name. The Doctor’s knowledge of the actual existence of the disease in Sloo was derived from Sloo’s communications to him, and from an examination, on one occasion, of the sheets of Sloo’s bed, the stains or marks on which corroborated Sloo’s communications, and satisfied him of the reality of the disease. His prescriptions were cold applications, aperients, and gum camphor, as recommended in such cases.

Dr. Herod further stated, in the course of his testimony, that Sloo was of a sanguine lymphatic temperament, tolerably susceptible to medicine, except as to his bowels, which were prone to costiveness.

In respect to insane delusion, Dr. Herod stated as follows:—

“Had a conversation with Robert about a week before the homicide; I was feeding my hogs one morning when Sloo approached me where I was and asked me if I had a pistol; I told him I had not. He then asked me if I had a bowie-knife; I told him I had not either, and asked him finally what he wanted with it, and he said he supposed he had to take a licking; and I then asked him who it was that was going to lick him, and he said a gentleman down town. I asked him who it was; he refused to give me any name particularly, but said it was a gentleman down town, and as he hurried away from me he turned a little back and remarked to me that he had called upon the editor of the paper at Marion, (I



forget his name,) the editor of the *Intelligencer*, and had called on him or written to him to demand the author of these articles that had been written in that paper some time before; and I remarked to him, said I, 'Robert, you had better leave that thing alone; it will come out on some fellow that is not responsible. It is easier for you to let it alone.' He remarked to me back again, that in case he found out who the author was, that the two could not live in the country together, or something of that kind. I neither gave him a pistol or a knife; I had neither. I do not know that he came to me specially; I was coming out of the gateway, and he was coming through the alley towards his house."

He was re-examined on this point, and we give his testimony from the report:—

"Q. You say that Robert Sloo called to see you shortly before this event transpired, and spoke of the publication of articles in the Marion Intelligencer? A. Well, yes. He spoke of it in this way. After the conversation that I repeated, he remarked to me that he had written and demanded of the editor the author of this publication.

"Q. I want you to tell me all he told you of these publications, what they were, and what they contained, as near as you can recollect them, and what he understood them to mean? A. When I spoke back to him about this thing, that it would come out on some fellow that was irresponsible, I would care nothing about it, he immediately remarked further in his conversation that he considered his family, especially his mother and sister, slandered. As near as I can recollect, he stated that the articles were dishonorable, and reflected dishonor upon his mother and sister. I cannot recollect the words he used.

"Q. Did he say anything about their reflecting upon the chastity of his mother and sister? (Objected to and ruled out.)

"Q. State, if you can, what was the language used by Robert when he spoke of that publication? A. I cannot recollect the precise words, as near as I could get at it, it was that the chastity of his mother and sister had been assailed. I saw the articles which he referred to and think I should know them again.

\* \* \* "I think that he used some such words as that the chastity of his mother and sister was attacked in those articles; he said he had read them. Those are not the precise words he used, but they are, as my notion goes, the substance of what he said—probably a portion of the words themselves and probably the meaning of other of his words."

The newspaper articles referred to are very severe upon the political and private character of Sloo's father, and although they impli-



cate the family generally as extravagant, aspiring and pretentious, we cannot find a word that touches the chastity or good moral character of the mother and sisters. Further on, as we proceed in the regular course of the testimony, we shall give some extracts from these articles, to show their general tenor, and their particular application to Sloo's family, and how they give occasion to Sloo's alleged insane delusion.

The father of Sloo was then called to the stand ; and as his testimony seems to have been very fairly and intelligently given, and in a cool and dispassionate manner, we extract largely from it.

“ James C. Sloo called and sworn. Examined by Mr. Davis, says :

“ I am father of the accused ; he is something over 24 years of age—in his 25th year. He remained at home until he went to school. He subsequently went to West Point, returning thence I think in 1851. He remained at home from that time until 1854, having no particular business, but sometimes reading law at home, and sometimes at the offices of Messrs. Freeman & Olney.

“ His general health has not been good for several years prior to his leaving in 1854, and my attention was particularly called to his condition by himself and Dr. Herod in 1853, say in the summer or early part of the fall. As made known the disease was entirely new to me ; it was the involuntary flow of *semen*, as stated by Robert and by Dr. Herod. At that time, and very often since, he had chills, or what seemed like congestive chills. From 1853 to the close of 1854, I suppose he must have had ten or twelve or more of these attacks ; some were not so severe as others. In those which were more severe and which amounted to spasms almost, I noticed a cramping of the hands, so that you could not move them but by force. At the coming on of the attack the feet were very cold, and there was a slight twitching of the muscles of the face. During the convulsion the appearance of the face changed a good deal, sometimes it would be red, then change to purple. His lips seemed to contract, and to some extent his eyes had a glassy and unnatural appearance. These convulsions were more severe towards the latter part of 1854.

“ When he left in 1854 it was by advice of his physician mainly, who thought a change of climate would be beneficial to him, I think. I do not think his condition was looked upon as critical at that time. During the spasms he was very bad, and Dr. Herod, while the two in which he attended were on, told me that he might not survive, and that I must not be astonished if he died while they were upon

him. So far as he informed me, when he left in 1854, he had two points of destination in his mind, one was Alton and the other was Springfield. He went to Alton but not to Springfield. When he left he had no property except a library of books which he had collected together, and which had been donated to him by an uncle in New Orleans, and his clothes. There were two boxes full of books. I cannot say positively how long he remained at Alton; he stayed only a few days, I think. He had his books put up at auction and sold. He had intended to practice law at Alton or Springfield. His books were sacrificed completely. From Alton he went to St. Louis, where the money he got for his books was stolen from him or lost. He then called on Mr. Davis for means to enable him to get to New Orleans, and lost that money, as he said, in the Republican office, or in that part of the city. He then went on board a boat as a passenger for New Orleans, and when he got there he called on his uncle who paid his passage. He must have got to New Orleans in December, 1854, or January, 1855. He remained there until sometime late in the spring, or the early part of the summer, when he accompanied the family of my brother to Boston, Mass., and thence to Liverpool, in England. I cannot say how long he remained there; it was about two months. The next we heard from him was by a letter to his sister from Charleston, South Carolina. I cannot find that letter at this time, although I have hunted for it in all usual places. In that letter he stated that he had become dissatisfied and unsettled in his mind, and had returned to the United States. He spoke of his general health not being good; he said his limbs were affected, and at times he could hardly walk. I think he spoke also of returning home.

“The next I heard of him, we received a letter from Columbia, S. C., written by a gentleman named Hogan, stating that he had been to his house.

“[Letter A, signed by Vincent Hogan, shown.]

“This is the letter I received; it came to me bearing the postmark of the place where it is dated, in due course of mail.

“[Letter offered in evidence to show the whereabouts of defendant at that time. Objected to, and objection sustained. Exception noted.]

“I received a letter from Mr. Hogan in relation to Robert, dated at Columbia, in South Carolina. I have received one since about him, and others, members of my family, also received such letters. I answered the letter shown by return of mail. I received another letter dated 25th January, 1856, by due course of mail, from Columbia, S. C., and so postmarked. This third letter is to Robert's mother, from the same place, written by a female; it is dated March, 1856, and is in relation to the conduct of Robert. Heard nothing of him about this time, excepting by these letters.



“[Offered to read these letters; objected to, objection sustained and exception noted.]

“I never heard of the writers of these letters until I received their communications. They have written since his return home. Robert came home in the summer of 1856, or during the latter part of the spring.

“From Columbia, S. C., I understood he went to Milledgeville in Georgia. There he assisted the Clerk of the Legislature. After that he joined the company of Col. or Capt. Buford, with the view of going to Kansas. I learned from him, since his return, that while he was at Milledgeville he consulted a physician about his disease; he added that the treatment had injured him. From Milledgeville, I think, he went with the company to Mobile, Ala., and from there to New Orleans.

“At New Orleans he made known his intention to his friends; they used every kind of argument to induce him to return home. He did not get to the boat in time to go to Kansas, and all his clothes were taken off; since that time we have not heard of his baggage; he did not stay at New Orleans, but shortly after came home; he told me he went from Charleston to Columbia on foot, and arrived there in a destitute condition, being almost naked and barefooted; he said that the family who wrote me seemed to sympathize with him; he staid with them several weeks, and Mr. Hogan then, when he would go, gave him the means by which to get to Milledgeville. He has since told me that the disease still continued on him during this tour, and that he got medicine at Milledgeville which seemed to increase it. Some time after he returned home he took an office on Front street; he slept there part of the time; he kept his office from five to eight weeks, but spent much of that time home. Frequently conversed with him about his disease; he would often speak to me about it; he said that this disease was sinking him, taking away the substance of his life; complained much of general health, and said his condition was such he had very little to live for, and unless he could be cured he preferred death; he complained of pains in his head as a general thing, the back of his neck and back, about the loins and kidneys. The pains in his head were of frequent occurrence.

“He complained much of costiveness. Inflammation and constipation of the bowels was his usual complaint. Applications of cold water to his head were constantly made by members of my family. They poured bucketfull after bucketfull of water on him for days without intermission. That is a matter of public notoriety. During the summer he remained at home pretty much, inactive. He would employ himself reading and writing. He was inclined to sleep, I think, more than is usual in persons of his age. In this respect there is a perceptible difference between his present inclinations and what they were at the age of twelve.



“ When he left home in the day time he sometimes went to town, but he did not seek company, but rather seemed to avoid the crowd. When he did not go to town he would go to the woods and sit up about Mr. Sexton’s house, or in some other retired place.

“ To the Court—I am now speaking of the summer and fall of 1856.

“ To Mr. Swett—This conduct ran all through that summer and fall.”

“ *Examination in chief resumed.*—I have noticed his linen often; his washing was done with the clothes of the family, by a colored woman, who sometimes did the washing at our house; he generally wore a night shirt when he slept, and on these I have seen stains, as also upon his day shirts; I noticed this pretty often; I never paid much attention to this thing until the latter part of 1854.

“ As a general thing Robert would, when he left home, go above town and sit in the shade; sometimes he took a book with him; he would sit there from breakfast to dinner time, and after dinner go back again and sit till supper time; have heard him complain of his back and thighs; these complaints used to be of sharp pains; he frequently spoke of a ringing in his ears; I do not recollect to have heard him make special complaint of weakness of the limbs; so far as I observed, all his linen was stained, more or less; I reckon I examined at least once a week, and perhaps oftener; from these examinations I should judge that the disease was increasing on him.

“ I remember the publication of articles in the *Marion Intelligencer* and the *Benton Standard* respecting myself and family; I remember that they came to the knowledge of my son; in one of the articles my wife and daughter were mentioned.

“ Q. Do you know from any conversation with Robert, the construction that he put on those articles, as to what they were intended to convey?

“ Objected to. Object of inquiry to show the construction placed by defendant on the article, to strengthen the plea of insanity.

“ Objection overruled.

“ Q. Mr. Sloo, did you have any conversation with your son Robert in reference to the article named?

“ Yes sir, I had such a conversation with him. As far as I can recollect he said that it reflected upon the character and integrity of his mother and sister. He spoke in a candid and emphatic manner in regard to his sister especially. He said it would have been better that they had gone to their graves, than that they should have survived a charge like that, made publicly, in the columns of a newspaper; of course he meant that it reflected upon their chastity and propriety of character as females. I can not tell precisely how long this was before the homicide. My attention was called to the arti-

cles at a fair at Equality. I did not see them for some days afterwards. It must have been from the middle to the last of October. We had but one general conversation that I now recollect where this was mentioned. He seemed to dislike very much to refer to the subject; it excited him. He did not at that time tell me who he thought was the author of the articles. He had some doubt on his mind as to the real author. He told me he wrote to Mr. Jones, whose name was at the head of the *Marion Intelligencer* as editor at that time. I should know these articles again if I saw them.

“( *Marion Intelligencer*, dated October 10, 1856, shown witness. His attention being called to two communications, signed respectively ‘Vindex’ and ‘Truth.’)

“Those are the articles I referred to.

“(Articles offered in evidence. Objected to. Allowed in so much as relates to the subject, provided it is understood as proving provocation.)

“*Direct examination resumed.*—I first learned Hall was killed a short time after the occurrence. I was at home when I heard of it. I came out immediately and started down street to town. When I got down the street I saw Robert with Mr. Freeman coming in the direction of my house. I kept on my course this way. On their road up and after we met they were joined by some three or four other persons, Mr. Rowan perhaps, and Mr. Sexton perhaps. I suppose we met about one hundred or one hundred and fifty yards this side of my house.

“Q. Tell the conversation that was had there, as fully as you can? (Objected to and objection overruled.) A. As a matter of course I was very greatly astonished, and so, I suppose, was everybody else. I can’t say what was said by the crowd generally, for they were all making their own remarks about it. Some one made the suggestion to Robert that he had better leave. I can’t say who that was. Robert replied that he would not go; that he would not fly his country; he had nothing to flee for. He said that in an emphatic manner, and then it dropped. He went up, and I thought he had gone into my house, but I found afterwards that he had gone to Mr. Rowan’s; he remained there between half and three quarters of an hour, until Mr. Davenport (then Sheriff) came up, and then he came out and gave himself up. He was then taken to Mr. Bowman’s office; he remained there a short time, and from there he was removed to the Clerk’s office; he remained there awhile, and from there he proceeded to jail.

“Q. What has been the state of Robert’s conversation in reference to the trial since he has been in jail. A. I have had no conversation with him at all. I visited the jail but seldom, and when I was there I was generally in the presence of the keeper of the jail. Messrs. Freeman and McAllen interested themselves about his de-



fense, and I have assisted them as best I could. Robert had never sent for me, or made a single suggestion about his defense or any part of it.

“CROSS-EXAMINED BY MR. ALLEN.

“It may have been in December, 1854, that Robert went to Alton; his health had been bad all the season. He took much medicine during that season; he used a good deal of blue mass and oil, and occasionally Cook's pills. He may have taken gum camphor.

“Robert has mixed some in society, but he has not been one to seek it a great deal. Within the last few years I think he has been more reserved than formerly; more disposed to seclude himself and withdraw from society. He was not down town every day during the summer of 1854. I think there would be weeks at a time when he did not come down, and this when he was well enough in health to be about. I can not say if he went into the society of ladies during that time.

“Q. With reference to this matter spoken of a moment ago, I would ask you to state to the jury, if you gave the same construction to those articles that Robert told you he did? (Objected to and ruled out.)

“I can not say what I said to Robert in the conversation I have spoken of; it was held about a week before the election. I put the same construction on the articles that he did. I state that without hesitation. I expressed that opinion to Robert.

“I heard of the killing by my little son who lives with Mr. Inman. When I met Robert he did not speak to me, and we had no further conversation than that I have related. I never had any reason to expect the killing. I was as much surprised as any man in town, I guess. I never knew that he had a pistol. We kept no weapons about the house at all. I did not hear him say where he got it.

“In July and August he was laboring under this disease, before spoken of.

“I should say that Robert is a domestic young man, to some extent, having strong attachments towards his relatives.

“Rebuttal by Mr. Swett.

“I think Robert was generally quiet and amiable; he may have had ‘fusses’ with boys at school, but I do not remember his ever getting into any trouble. During last summer he had a great many schemes started as to what he would do.

“Orville O. Sexton, called and examined by Mr. Davis, says:

“I have been acquainted with defendant pretty much ever since he was born; he has been rather reserved in his habits; have been intimately acquainted with Robert; I have seen him during last summer retiring from society to the woods by himself; when I have seen him he has been sitting by himself; he would go and sit alone



for three or four hours ; sometimes he had a book with him ; I never approached him as he sat ; have seen him sitting in this way perhaps a dozen times, perhaps more ; he would sit on a log, or by a tree ; would be breaking sticks and whistling.

“ I have seen two articles published about the Sloo family. Had a conversation with Robert about these some days after they appeared. He stated in reference to the one signed ‘ Truth,’ that so far as the men were concerned he did not care so much, but he thought it was an attempt to slander his mother and sister, and sink them into infamy ; he spoke of them as imputing misconduct on the part of his mother and sisters. He read the language over and over several times to me, in reference to its force as to the chastity and integrity of his mother and sister as virtuous women. He said he thought John E. Hall wrote them.

“ CROSS-EXAMINED BY MR. ALLEN.

“ Have been intimate with defendant all his life. He was always somewhat reserved ; that is, he was probably more studious than most other boys. Sometimes when I saw him in the woods he would be reading, and sometimes not.

“ Stephen R. Rowan called and examined by Mr. Davis :

“ I have known defendant since he was a sucking baby. I have lived in this town thirty-five years, and have known him all the time, except when he was at school or absent from home. For the past year or two I have lived very close to his father, there being but an alley of about forty feet between us. I was not a great deal with defendant during the summer of 1856 ; he kept rather to himself, and was not much in my family. I have heard him complain of pains in the head. He would come over to my well, sometimes, after midnight, and draw fresh water and put it over his head. I asked him why he was not asleep, and his reply was, ‘ Mr. Rowan, I can’t sleep, except a little before day.’ He did not say what was the trouble with him. I have seen his little sister pour water on his head in the morning.

“ Where I heard of the homicide was down in town, within sixty or eighty yards of the place, shaving ; when I was about through, I heard a man hallooing for a doctor ; I stepped to the door and asked ‘ What do you want with a doctor ?’ The man remarked, ‘ Bob Sloo has killed Hall.’ I ran hard down there. I heard no gun. I went into the office, and found the man was killed sure enough. I returned up home, and concluded and told my wife I would assist in removing the corpse to his residence. On my way down I met Sloo and Mr. Freeman coming leisurely along towards my house and his father’s residence. As I passed, I said, ‘ Bob, in the name of God how did this happen ?’ He remarked, ‘ I walked into the office and shot him.’ Some person—I don’t know who it was, several were there—said that he had better be getting away, and I believe he

replied, 'I have nothing to flee my country for.' I walked on, and when I got near down I met the Sheriff. At this time Robert was going into his father's alley. The Sheriff rapped me on the shoulder, and told me to help take him. I said, from the way he was walking, I did not think he would be hard to take. We went on, until several persons collected, and then we returned. Mr. Sloo had then come up. The Sheriff asked him if he could examine in his house, and he said, 'Certainly.' Mr. Davenport then went into his house, and found that he was not there. The Sheriff then asked if he could examine in my house; I said 'Certainly,' remarking that there were no secret recesses that he could run into. We started and got on the door-step, and as I did so I saw Robert Sloo coming. I remarked to him that the Sheriff wished to speak to him; he then got up, spoke to the Sheriff, shook hands with him, and walked right down with him.

"CROSS-EXAMINED BY MR. ALLEN.

"In his habits he differed from other boys. I have been but little acquainted with him until within a year or two, since he was a boy; and judging as to those times, he was more reserved of late. I have seen him bathing his head by my well three or four times at night, and one time after midnight. Have seen him sitting on logs under shade trees four or five times perhaps; on one occasion, I recollect had a book or paper; he was not reading, but the book or paper was lying by him. He sat usually in secluded spots, away above town, and sometimes on the river bank.

"I could not say how often I have heard him complain of pain in his head, and could not give an opinion; but it has been on several occasions, it may be three or four.

"Julia Sloo, called and examined, says:

"I am sister of defendant's; he has for the past year or two suffered a great deal from pain in the back part of his head; we usually poured cold water upon it; this we did frequently during the night as well as by day. His general health was not good; he complained a great deal. He used to have very hard chills, and then his muscles twisted very much. After these fits he would be confined sometimes longer and sometimes a shorter time than at others, sometimes a week and perhaps longer. I think he had some eight or nine chills since 1854; he may have had twelve or thirteen attacks. Dr. Herod attended and prescribed for him.

"*Cross-examined.*—Dr. Colvard was occasionally called in, but Dr. Herod usually prescribed for Robert. He took a good deal of medicine. Left home in the latter part of 1854. I think he had some very severe chills before that. I think he got home again in May, and I think in the latter part of the summer or early in the fall after he returned he had a chill, the first after he got back. Can-



not recollect the precise number of attacks. Dr. Herod was most always present then."

"Virginia Sloo, called and examined, says :

"I am sister to defendant. Do not remember exactly the time he returned from Europe. Don't think he has been sick since ; he has complained of pains in his head, and I have poured water on it two or three times a day to relieve him ; have often heard him going to the well to procure water at night for this purpose. When I say he has not been sick since his return from Europe, I mean not seriously ill."

The newspaper articles, reflecting upon Col. Sloo and his family, having been identified and admitted as evidence, we make such extracts from them as will show their general tenor, and their particular bearing upon the alleged insane delusion of Sloo.

FROM "VINDEK."

"I will first take up in review the ringleader of this delectable gang, Col. James C. Sloo, than whom a more malignant-hearted, underhanded, skulking, *dishonest*, traitorous, lying scoundrel, does not encumber God's footstool ; the man who, with deep enmity rankling in his heart, appeared before Justice Bartley, and made *solemn* affidavit that Judge Marshall, our present able and worthy representative in Congress, had advocated Nixon's Nigger Bill—a base fabrication, known to be such, but yet *sworn* to by the Colonel with a view to the vital injury of the Judge in the canvass. In this *laudable* object he utterly failed. Col. Sloo was not believed on oath in his own county, and Judge Marshall at a Convention held in Gallatin County, at Crawford's camp-sheds, met his calumniator face to face, proved to the satisfaction of every one present that Col. S.'s affidavit was false, and branded him publicly as a foresworn villain.

"Col. Sloo has broken pledges the most solemn, betrayed the confidence of his friends, robbed the orphan of its inheritance, swindled his neighbors and friends, from whom he borrowed and begged until he could do so no longer, when he turned and like a viper *stung* the bosoms that warmed him ; he has lived out of the public crib for years, and when Gen. Taylor turned him out of office for his incompetency and bad management, he turned political traitor, and now abuses the men and measures of the party that fostered him, without stint, through his tools, Edwards & Son. He has swindled his own county, as I am informed, out of the round sum of fifteen thousand dollars, and now has the consummate audacity to ask the people of that county to elect him Circuit Clerk, so that he may have the handling of his own indebtedness, secured in a trifling bond of two thousand dollars ; but his previous history would indicate this to be



a dangerous experiment, one that the citizens of Gallatin county are not willing to try, and they will give Col. Sloo on the 4th of November next such a rebuke as will forever teach him that his services are not needed in that capacity; they will administer to him a rebuff almost as withering as that which he received in his last race with Jack Kuykendall for State Senate, in which he was so shamefully distanced.

“But I have already taken up more time with this ringleader of the Shawnee sore-heads than he is perhaps worthy of, and have given you but a few of his *amiable* traits of character; at some other time I may be more explicit. I have stated nothing but *facts*, for proof of which I would refer your readers to the citizens of Gallatin county, a majority of whom are cognizant of the same. \* \* \* He deserves to be immortalized in verse by R. C. Sloo, Esq., the youthful poet editor, who patches up and strings together the motley contributions of the combined clique who do up the dirty stuff for the said *Illinoisan*. This youthful prodigy is said to be a traveled gentleman, and has lately returned from a European tour, etc. If we can credit Madame Rumor, this youth of the raven locks, whilst homeward bound, turned desperately valorous at Charleston, S. C., joined a company bound for Kansas, was transported to Cairo, but on his arrival there soon discovered that he didn't like the smell of gunpowder, and having seen a little of the ‘Elephant’ with the appearance of which he was anything but delighted, concluded that discretion was the better part of valor, and thereupon *courageously* ‘turned tail’ and ran home. This *desertion* was kept a profound secret by the youth in question, but has accidentally leaked out and is now going the rounds as common property, and as such I give it.”

#### FROM “TRUTH.”

“For the truth of the foregoing statements, any voter can refer to the records of Gallatin and Hardin counties as to Col. Sloo's liabilities, and he can also refer to Joseph Smith, Esq., of New Market, for the evidence of his treatment of poor old man Irwin who now rests in his grave, and whose orphan children are turned penniless upon the world, while the Colonel's family nestle in their satins, and fill a large space in the butterfly circles.”

Dr. Herod not being an expert, nor claiming to be an expert, in insanity, nor even in the disease of *spermatorrhæa*, the counsel for the accused produced other witnesses, who were experts, or partial experts, not only in insanity generally, but in the particular disease with which the defendant was afflicted. The principal witness, as an expert in insanity, was Dr. McFarland, Superintendent of the Illi-

nois State Lunatic Hospital. An abstract of his testimony, pretty fully given, is necessary for the proper understanding of the case.

“I reside at Jacksonville, in this State; have lived there something more than 3 years; am Superintendent of the Illinois State Hospital for the Insane; have been treating insane people professionally about twelve years. By appointment, in 1845, I was Superintendent of the N. Hampshire State Hospital, located at Concord; prior to that, I practised as a physician for about seven years in the State of New Hampshire; was at the head of the institution at Concord between seven and eight years; then I was a few months in the general practice of medicine, making the cure of the insane my specialty. From my leaving the hospital at Concord until I came to Illinois was about 18 months, part of which time I was at Concord, and part of the time at Lawrence, Mass. The institution at Concord averaged 120 patients, some of them being perpetual residents, and some being admitted and discharged after a short residence. At Jacksonville we average about 250 patients—from 245 to 250; at the present time there are probably 248 or 250. I have visited the hospitals of Europe—made a pretty extensive tour in 1850, visiting the principal hospitals of England, Scotland, France and Italy; have, on a rough estimate, noticed between five and six thousand insane persons.

“I have had occasion to treat insanity originating from spermatorrhœa, and diseases of the genital organs. I think the opinions of medical men differ somewhat as to it as a producing cause; some make out a very large proportion, and some less. I have endeavored in giving statements in this respect to report only those cases that I considered clearly produced by the cause itself. My conclusion has been that somewhere about from ten to twelve or thirteen per cent. of male subjects—that is, confining my statement to this country; foreign observation would be decidedly different. I consider that a disease like this affects the brain in two ways; first, by exhausting it as a physical organ, in the same way as the lungs or stomach or any other physical organ would be impaired by simple depletion. I consider that the brain suffers more from that cause than any other.

“Standard authors on the subject of spermatorrhœa enumerate among its causes the practice of masturbation, self-pollution, or onanism; and then I think foreign authors, more particularly than American writers, enumerate syphilitic diseases—gonorrhœa, injury of the sexual organs, and perhaps other causes which I do not remember. I am inclined to think there is no cause, unless it be general ill health, which produces an equal amount of insanity. I make that statement with some hesitation; I don't know that I have thought of it. The result of masturbation depends upon the constitution of the diseased person. There are some men who practice the vice



with impunity through an entire life ; in others, however, the effect is decided, and ends only in insanity. The general rule is that it impairs and finally destroys the powers of the mind, and breaks down the physical system—the latter not to so great an extent as the former. Dementia is perhaps the consequence, with large exceptions. The symptoms of seminal loss in a majority of cases would be a change in the habits and moral manifestations of the person, attended by jealous suspicions, ungrounded aversions, shyness, a disposition to avoid the society of his friends, a propensity to habits of seclusion and retirement, changeableness of purpose, a disposition to take up with new schemes and projects, and adopt new ideas and relinquish them as easily.

“ I have heard all the testimony in this case ; the existence of spermatorrhœa seems to be firmly established in my mind. The first thing that strikes me in the testimony is that of Dr. Herod ; he states that accused was in the habit of coming to him somewhat frequently, as if he had a strong impression upon his mind that he had a disease upon him that demanded the attention of a physician. Dr. Herod says that the accused stated to him his symptoms, and assured him he had the disease. Dr. H. I think also stated that he had ocular demonstration of it by seeing the evidences of it. It seems to me that the same kind of testimony is given by Col. Sloo himself ; he seems also to have had the same kind of demonstration. This disease seems very clearly proved to my mind, and that it existed to a degree prior to his leaving for Europe, and that it could not be considerably protracted without seriously impairing his mind. The next thing is how he goes away, and his course while away ; his friends here only hearing from him in fragments—indicating a want of that disposition that a young man in a healthy state of mind would naturally exhibit to communicate with his friends ; his joining Col. Buford and his return ; then he shuns his friends when he meets them.

“ A person laboring under this disease is at times talkative and communicative. Variability in the power and capacity of the mind would be a proof of the existence of the disease. I do not think that the carrying on of intelligent conversation would militate against proof. Pain in the head, as described, sometimes accompanies it, but I think it does not stand as a constant symptom ; pains in the back are more usual ; constipation of the bowels is a constant symptom. There is nothing in the twitching about the thigh as a peculiar characteristic of the disease ; it merely proves the general disturbance of the brain ; the spasmodic action does not necessarily follow. My view of these convulsions in this case has been somewhat different from those who described them, but I do not know that I should put my opinion forward before those who watched them, or who were in the habit of treating convulsive chills. I have been in the habit of seeing, in cases of insanity from seminal emissions, a



peculiar form of convulsive disease which is well described by Dr. Herod. It seizes upon the patient sometimes when the seminal emission has not been for a little while apparent, and I have accounted for it under the impression that the retained semen acted as an irritant. Dr. Herod gave a very good description of cases of the kind. I should call it convulsive irritation.

“I think acts of homicide frequently grow out of insanity produced from this cause, it being peculiarly apt to generate that kind of delusion out of which homicidal acts naturally grow. I can give no particular cause for this but the suspicious, jealous character which the symptoms always assume, forming themselves into delusions out of which these acts result. The delusion out of which the homicidal act would grow would bear no strict proportion to the provocation offered. There might be a provocation either great or trivial. Insane people will act on provocation much the same as sane people. I have known of such instances. Insane men differ by running into extremes. I recollect a case of this kind in Henry county of a man by the name of Bryant. I think they have the same desire to retaliate for injuries as other people, with this exception, that they are more impulsive; the disposition is to avenge the injury at once, and, if not at once, it passes out of mind simply from inability long to indulge the desire. I consider the local cause of insanity to be disease of the brain.

“Should the insane man, from want of power of the mind to retain impressions, forget the idea of vengeance, the desire might return upon again seeing the object of the desire. I can call to mind, I think, three cases where homicide has clearly grown out of a delusion, or of a resolution evidently entertained to commit it. I think in one instance the act of homicide was committed some two or three months after the provocation that gave rise to it. I think in the other two cases, where the homicide was the direct result, the act instantly followed. Violence of temper and wildness of manner are accidental traits that may or may not be present in insanity. In very marked cases of insanity these outward demonstrations are often very feeble; the reverse is also true. My opinion as to the proportion of these would be taken from observations made in Insane Asylums. Of 250 patients in a hospital, not more than one-fifth would show their disease; the others would be natural in their appearance and demeanor; two-thirds would probably strike the observer as well-dressed people. I consider the eye as quite a fallible test. Long continued insanity has the effect to exhaust the bodily powers; hence it follows that on observing a large number of insane people, it would strike one that there was insanity among them. Of 250 patients, half would appear to be in ill-health; that perhaps would follow in a great measure from the absence of exposure to the sun. I suppose these answers to be mere approximations to the statistics, but I think them near the general rule.

“ I have examined the defendant, and that examination would go to corroborate the impression I have got of his history prior to the homicide ; his being more fleshy than he was, is not incompatible with the idea of insanity.

“ The symptoms proved in this case do not as a class occur in any other disease that I know of, and experience would teach that they would end in insanity. Insanity is of so variable a nature that few cases are alike ; there are some forms where the progressive stages are well masked ; at other times it is sudden in its approach.

“ I consider that defendant was insane when he killed Hall. A delusion is a belief in any thing, circumstance, or transaction, whose actual existence would be in violation of experience and reason. I consider that to be the definition of a positive or entire delusion ; a large class of delusions that are entertained by the insane are partial. A partial delusion is where the reasoning is not altogether erroneous, but may have a basis in fact, and which derives its importance from the diseased pertinacity with which it adheres to the mind of the party entertaining it. A very common form of partial delusion is this : A person whose physical health may not be perfectly good (I cite this instance because it is so common) attends religious meetings where the theological doctrine is enforced of his inherent natural wickedness. He conceives the idea that he is a great sinner, which may be considered in the minds of a large theological sect to be a fact, yet in his mind it assumes the form of a delusion because out of it grows, by a diseased process, the further extreme of belief, which is a palpable delusion—that is, that he is not only a sinner, but that he is an unpardonable sinner ; and not only that, but that by his sins he has converted himself into a demon or evil spirit. In the first instance the delusion was but partial, but it passes into an absolute or entire delusion. I think the majority of the delusions of insanity are latent. Judging from the state of the accused’s mind at the time of the publication of the articles, I should think that the impression that would take possession of his mind might justly be entitled a delusion. I should think the act which followed was not inconsistent, in his state of mind, with the impression which he got from the articles.

“ At the time of the homicide, judging from the evidences rendered, defendant was in a state of insanity.

“ *Cross-examined.*—It is made compulsory on me to attend trials of this nature by the 16th section of the act of 1851. I was summoned here under the act by a special subpoena. I have stated that the act might be consequent upon delusion, and that perhaps the impression which he entertained might bear the construction of a delusion : my meaning would be that his diseased perception might have given to the published articles a construction which their writer might not have intended to convey : the legitimate inference



might be that they did convey a false idea of their import, and that false conception might be construed as a delusion. I drew the inference from the testimony that he gave to them a stress which the import would not warrant or sanction; my mind does not suggest that other witnesses gave a like construction to the articles. The testimony to my mind indicates incipient dementia, by which I mean that condition of mental disease which is the precursor of dementia. This is a distinct form of insanity; under this form I should think there were times when the patient collects ideas but imperfectly; it does not amount to entire loss of memory, but is a suspension of the faculty. This disease is governed by the same pathological laws as other diseases. I should think the domestic attachments were weakened; the social attachments are broken up, and the individual affected becomes estranged from his friends; regardless of his parental obligations generally. I should think the ties between brother and sister would not be broken up, but they would be impaired somewhat—the more so in its advanced stages. Just after the seminal emissions these faculties would be weakened, and when the patient is in a state preceding the seminal emissions, then there is the exercise of the powers of the imagination, and more or less of the memory.

“The manifestations of incipient dementia are well illustrated by the case before us. It is the gradual undermining of the general powers of the mind, the powers not suffering all in the same degree; some retain their activity after others have been decidedly weakened. I should think the faculty of correct reasoning and judging of the relation of things would be first affected. A man can not be sane when one faculty of the mind is impaired, but he may retain the power of reasoning correctly, and know the right from the wrong. In this case it has been so progressive in its stages from the time of the first attack that it is difficult to say when the case began; it seems to be clearly established on his return from abroad. I think the great fact in regard to the disease would impress itself upon the mind of an experienced practitioner. I deem his walking by himself in solitude as an important step in the case, as taken in connection with the rest of the evidence, but think my conclusion would be the same if that isolated link in the evidence was wanting; but if I understood that the uniform feature of his character was to mingle with his friends, my opinion might be shaken. I could hardly conceive of a pursuit so extreme which would produce a degree of engrossment that would demand this kind of seclusion. I have known individuals who have habitually retired from society and who have been sane, but there have not been the accompanying and collateral proofs which go with the case hand in hand. It is not one feature that makes up a case of sanity or insanity. Insanity in this form is the natural result of spermatorrhœa upon certain constitutions, but there are constitutions which brave the danger successfully.



“In this case the act of killing bears the general features of the act of insanity. I can not conceive of a sane man doing the act in the same way. I think it makes but little difference upon whom the delusion of the insane man is inflicted; it may be upon an enemy or a friend; perhaps as likely one as the other. The insane man will act on either according to the provocation, supposed or real. If the evidence shows that defendant had been drinking to excess, or so as to show its effect upon him, I suppose that might give a different coloring to the act itself. In the last stages of drunkenness and spermatorrhœa there are certain points of resemblance, but I should think the character of acts resulting from each would be different. In incipient dementia the health might be tolerably good; perhaps the patient's rest would be disturbed. I would not be surprised at the absence of sleeplessness, but I should rather look for it and expect to find it. I should have no doubt that, in such a case as this, outbreaks, impetuosity, and perhaps quarrels, would be likely. I should be surprised to find a strong habit of sleep and the absence of the last named points, but should not consider them vitally important in making up a case where other symptoms were present. I should consider the desire to be alone as of more importance, but a case might exist where all these were absent. His being sometimes in the company of ladies does not militate against the idea of insanity. I should suppose that these symptoms wanting, would be leaving out such things as I should naturally look for.

“I do not consider sleeplessness absolutely necessary, nor irritability. I suppose partial estrangement from friends would be a symptom. I should think insane persons more difficult to be impressed by medicine than persons who are sane, but do not attach much importance to that in this stage of dementia.

“I made some general examination of defendant at the jail. I discovered no evidence which I could make plain to the jury, but there was carried to my mind a disposition to view subjects in a way which I conceived gave a diseased aspect to his mind. I could not have decided in the case without evidence. The examinations were hardly worthy the name. If my attention was not directed to the fact of insanity, I should not have decided upon its presence. My visits were for another purpose—to satisfy myself by ocular demonstration of a certain thing that could be ascertained by an examination of his person. I formed no conclusion as to insanity from that examination.

“I was first spoken to in June about this case, by Colonel Sloo. I can not be positive as to the cause of spermatorrhœa in this case.

“*Re-examined.*—An insane man will frequently do an act he knows to be wrong, but which he will justify in his own case.

“*Re-cross-examined.*—So will a sane man; at least I can conceive such a case.

“ *Re-examined.*—I merely inspected the person of defendant ; it was to ascertain, if possible, the cause of the spermatorrhœa.

“ *Re-cross-examined.*—I consider the views of Ray pretty correct.

“ Dr. Roe called, sworn and examined, says :

“ I reside at Bloomington, in this state ; have practiced medicine in this county about nine years, and am second cousin to defendant ; have practiced medicine 22 or 23 years ; was in this town in 1841, and remained till the spring of 1850. Insanity was my favorite branch of study ; I studied with a view to have charge of the Insane Asylum. Was intimate with defendant ; boarded in his family. Defendant was a very good boy ; he was rather remarkable as a peaceable boy. Have heard all the evidence in this case ; have no doubt that he labored under a delusion at the time of the homicidal act, which conclusion I arrive at from the nature of his disease, the evidence I have heard, and the examination I have made. I think the existence of spermatorrhœa is clearly proved, as also its increase, as well as its efficiency in destroying all fixedness of purpose.

“ I think that insane men have always real or fancied provocation which leads to their acts of violence ; they frequently attack their friends. I think he had been insane for months before the homicide, and that, being so, the effect of those articles would be to create a morbid excitement. I think the symptoms proven here do not come, in a body, attendant upon any other cause. I see nothing in the description of his convulsive fits to show that they were convulsive chills. I think spasms do not attend the latter. I think the cramping of the fingers is not usual during life in chills ; I think these were consequent upon spermatorrhœa, one of the effects of that disease being to expend the energies of the nervous system, and derange the nervous system that is left. Have treated as many as 20 or 30 cases of spermatorrhœa, and I think more. It may be produced by sexual abuse, irritation of the rectum, and some local diseases ; also venereal diseases. I have known some cases as the results of gonorrhœa. I think it was produced in this instance from the manner of his education, his temperament, want of exercise, and accompanying causes of that class, probably aided by gonorrhœa.

“ I made such examinations of defendant in jail as could be made without stripping him. I believe I should have known that he had the disease from simply seeing him and shaking hands with him. The evidences of the fact are his physical person, the peculiar filling out of the cellular substance under the side of the cheek, the expression of the eye, want of healthy appearance of the face, and other things I may not be able to sum up. His pulse has a peculiar beat ; it lacks force and vigor—has a lymphatic stroke. My opinions are confirmed by my view of defendant.

“ Being cross-examined, says :

“ I came to this state from Indiana, and formerly from Ohio. I



should say the faculty of judging of the relation of things was impaired in defendant; also the faculty of memory. These faculties may be destroyed and the healthy physical condition remain; the party may be insane to that extent. His case comes under the term dementia. I have no doubt the impairment was caused by spermatorrhœa, or the involuntary discharge of semen. I think that at the time of this act defendant was laboring under dementia. I think he was laboring under unjust views of facts as to all the circumstances in the case. It is difficult to determine the question of sanity by a single instance; the history of the party must be developed. Passion is not an evidence of insanity as taken alone, but the acts of sane and insane men are so frequently alike that it is impossible almost to distinguish between them unless by previous history of the party. I think in this case defendant might at times reason correctly; he was in a variable state; these changes are generally accompanied by external indications as to the cause; I doubt if there is any infallible test of insanity. There are indications, to be sure, by which we determine upon the form of insanity; if a patient could cypher to the rule of three was once the test; but I have seen a good many insane men that could do that better than I can. Incoherent speech is a symptom; but it frequently occurs that an insane man will express himself with precision. I think his habits as proved help the decision. I am not able to state the particular facts upon which I base an opinion; I take the whole evidence together. I think in dementia the moral feelings become impaired, perhaps as a necessary consequence, because it affects the brain, which is the seat of the social feelings. I think that is shown in this case. I think the articles published morbidly excited the brain to the perversion of his judgment; have no doubt he was laboring under dementia prior to the publication of the articles in question, and evidently they influenced this act.

“A person laboring under dementia might be unable to retain memory as to an insult, but in my opinion the sight of the party giving it would revive the desire of vengeance. The faculties of memory may return for a time without the power of reasoning. I think there is danger of confounding eccentricities with insanity. I have heard of several cases of spermatorrhœa in Bloomington; treated four or five cases in Shawneetown, and twelve or fifteen before I came here; parties do not always go to a physician. I think this disease is more frequent in this country than in France; have seen acts of defendant that would make me suspect something was wrong, but I think from my examination I could not decide as to his insanity.

“*Re-examined.*—The peculiarities in this case arise from disease and not organization; a man must be compared with himself in deciding as to his mental unsoundness; no set of descriptions can be laid down. I think an insane man would act upon apparent provo-

cation as a sane man might. By partial dementia I mean the partial destruction of the mind, and by incipient dementia I understand the initiatory form of the disease; in complete dementia the person afflicted generally avoids his friends: he is liable to sudden uncontrollable impulses, to outbreaks of passion.

“Dr. Henry T. Spencer called, sworn and examined, says:

“I am a physician since June, 1850; graduated at the Albany Medical College in New York; began practising in Chili, South America; remained there twenty months, then practised until eighteen months ago at Lebanon; now reside at Bloomington, in this State; have had a somewhat limited experience in the treatment of the insane; for two years I had charge of the Albany county hospital, averaging from thirty to thirty-six insane patients; have heard all the testimony in this case, except a very little of Mr. Olney's; I think, if it is true, that defendant was laboring under a diseased mind, springing from spermatorrhœa. Have treated four such cases. Some temperaments are more easily affected than others; such a temperament as defendant's for instance is more susceptible. In cases of spermatorrhœa, we find the patient complaining of dyspeptic symptoms attended with pains; we sometimes find tingling signs about the orifice of the rectum, weakness of the lower limbs and a sensation of coldness passing from the feet over the body; we meet changeableness in the character of the individual; at times he is melancholy, and at other times joyous, takes aversion to persons with whom he is intimate, has ungrounded apprehensions, and these go on and result in dementia; in defendant I think this amounts to insanity, to wit, incipient dementia. Dementia differs from idiocy; indeed idiocy is a congenital lesion of the brain, or the brain never was developed, while dementia is the result of prolonged debility; when complete there is no sense at all. Incipient dementia is its early stage. In this state the patient would be liable to irresistible impulses. Insane persons frequently attend to the ordinary duties of life and appear to be physically well. Physiologists locate this disease in the brain. There are no set of symptoms always accompanying the disease. A delusion may have some foundation, it being carried to a diseased extent. Had two interviews with defendant to ascertain the cause of the original disease. When a person is insane I believe homicidal acts that grow out of the insanity are based upon delusions, although it may be impossible for the sane mind to trace it. I know of such a case as a known insane man acting upon provocation. I don't think the fact that defendant has gained in flesh militates against the idea of insanity. Have taken defendant's pulse; it was too rapid; it was 100 to 110; it should be 60 to 75; he was sitting in jail with nothing to excite him when I counted. Have noticed the subject of feigned insanity; mania is the form generally assumed. Have known of an act of violence in insanity following



spermatorrhœa : it was suicide : a young man had been laboring under the disease for some time and committed suicide in my presence. This cause produces a variable stage of insanity ; it does not run a uniform course, but is changeable in its character.

“ *Gross-examined.*—I think the existence of spermatorrhœa is plainly shown by the evidence, basing this opinion upon the statement of Dr. Herod chiefly, and the information he obtained from the defendant, and the examinations of his clothing made by the father of accused.

\* \* \* \* \* “ The symptoms given are those of incipient dementia following spermatorrhœa. I do not know that they are symptoms of any other disease. Persons may have a single symptom or a few of the symptoms and not have this disease, but it is the union of the symptoms upon which the conclusion is based.

“ I have in my mind a case where I treated for spermatorrhœa, and the patient retained his flesh. There is a difference in the strength of the muscles but not in the external appearance of the person, the effect being more particularly as upon the mind ; it also produces great debility and want of muscular tone and weakness of the extremities, and an inability at times to move about. In an advanced stage it can be detected by ocular demonstration, but I do not take that as an infallible proof ; in this I can not answer for others, but I can not detect it by a *look*, though some others there may be who can. I might suspect its existence because of peculiarity about the eye, there being frequently a leaden hue under the eye, with a redness of the lid and a peculiar fullness about the neck ; the flesh becomes flabby ; there is a want of freshness of color, and sometimes a weakness about the knees ; this is frequently accompanied by a meandering in the walk.

“ I conclude that the defendant was insane at the time of the commission of this act. Lunacy is simply a generic term, embracing different forms of insanity. This man, I think, labored under incipient dementia, which is the formative stage of dementia ; his mind not being destroyed but impaired, so that he can not correctly judge of the relations of things. I have no doubt but that a person laboring under incipient dementia can distinguish between right and wrong, but not be conscious of that difference as to his own case. He may think and act right in him which he would know to be wrong in another ; he does not conceive of the wrong of his own case. Dementia is merely a form of insanity.

“ I don't think defendant at the time of the commission of this act had judgment. I think he labored under that form of insanity where he might be constrained by an influence which he could not resist. If he had any judgment I think it was not carried into exercise. I

think at that time he had no reason as to the act he was about to commit. I judge this by the result of the disease under which he labored. If he had judgment I do not think that was called into exercise, although it is possible that it was so.

“A man can have a delusion and be sane on other subjects, because insanity may be partial or general. In this case I think that there was a general impairment of the mind; I think that a perverted reason might have swayed him; I would not say that he had no reason, because reason had no sway over the particular act, because I doubt of the ability to judge of the workings of the unsound mind; I suppose they can reason, but not correctly. By a perverted judgment I mean more than a bad judgment. I mean a judgment misguided by disease of the mind; I suppose that judgment is the result of reason. I do not think he was generally insane. I am a sceptic on the subject of phrenology.

“(Witness here explains the formation, &c., of the brain.)

“I think the mind was partially diseased; could not say that it was generally diseased; his moral faculties were evidently perverted; can not locate the parts affected by such perversion. Where the mind is completely destroyed I think there can be no delusion; a delusion can exist in reference to judgment. I think that Sloo had a delusion; can not say positively what it was based upon, but the published articles had the effect to excite him. He must have misconstrued the articles, and the delusion resulted. I think however, that a man may believe in the existence of a thing and yet not labor under a delusion; but I think he may be convinced that he is wrong. But this is different in the case of one who is insane.

“I think there can not, in a medical sense, be a delusion unless it accompanies an impairment of the mind, of which the delusion is, to a certain extent, evidence. I suppose that the brain is the primary seat of insanity; I think Ray, Neville and Cox bear me out in this opinion. I could not give an opinion safely as to defendant's condition, based upon conversation with him.”

The prosecution here called *ninety-seven* witnesses, more or less acquainted with Sloo, to give evidence as to his conduct and character. Of course it is impossible, within our limits, to analyze such a mass of testimony. The first witness seems to have busied himself, by his own acknowledgment, rather forwardly, in procuring evidence to convict Sloo—“*hunting up witnesses*,” as he expresses it. We give a specimen of his testimony:—

“Never examined him with reference to the state of his mind. Have no knowledge of physics. I know something about brains,



but as to the human brain, I don't know any thing about it ; I know about hogs' brains ; hogs go by instinct. I have had some study about the ability of hogs to reason, and have been inclined to think that some hogs can reason. It is my impression that instinct is not reason. I have never had any scientific reading ; never read any thing about the structure or organs of the human intellect. I merely judge of sanity by my observation of the man, by observing his countenance and his eyes. I look at him and talk with him, and then from this operation I form my opinion. I can not form any opinion as to defendant's conduct on the day of the homicide ; I judge of him since ; made no examination of him since, other than looking at him. He was brought for examination before myself and Esq. Bowman ; he did not speak then, unless it was once to Mr. Bowman ; think I saw them whispering together. I practice law for a living. I make suggestions in this case, and hunt up witnesses. I was spoken to by Capt. Lawler, and if I get any pay for it it will be gratuitous and under no contract at all. I have not formed any opinion of his sanity that is entitled to weight ; don't think I am acquainted with his habits ; think it possible to form a pretty correct opinion as to sanity without a knowledge of particular habits ; make up an opinion after seeing a man a few times. It is more properly an impression than an opinion. In my opinion, the brain is the seat of intellect in man ; some men's brains may be in their stomachs. Understand the mind to be that by which we reason, think, and control our will or actions. I mean by a sane mind one in sound health, where the mind is unimpaired. Don't know whether the brain is a physical organ or not."

It would be, obviously, unfair to judge of all the lay testimony by such an example as this, although it be the testimony of a man who professes to be a lawyer, and therefore a little higher educated, presumptively, than many of the lay witnesses. A man, whether lawyer or not, who thinks that some *hogs* can reason, might very well think that an insane *man* might be capable, not only of reasoning, but of displaying all the powers of the human mind to an indefinite extent.

At this point, a question was strenuously debated by counsel respecting the admissibility of the testimony of the crowd of lay witnesses summoned to rebut the evidence of experts produced by the defense, and more generally as to the legal admissibility of any evidence on the part of the prosecution by way of rebutting the defendant's testimony after it was closed.

The latter point, being a purely legal one, applicable to all criminal prosecutions, is not within our province to argue. We are disposed to concur, however, with the opinion of the court, allowing it to be admissible. With respect to the other point, it being a question concerning the weight of the testimony of *experts*, we may be permitted to say, that if *expertness* is of any value as evidence, it ought not to be rebutted or gainsayed by the testimony of any cloud of witnesses, who are entirely inexpert. Such witnesses may give testimony as to conduct, actions, facts, and changes of deportment which they are competent to observe, and upon which experts may deduce a judgment or opinion ; such, for instance, as Dr. McFarland's in this case, which is strictly a deduction from testimony given in his hearing, and from casual examinations of the accused, which alone, however, were insufficient to justify his strongly expressed convictions of his insanity.

There is little or nothing in all the testimony extracted from these inexpert witnesses that impairs the force of the evidence given by Dr. Herod, Col. Sloo, and his daughters, Dr. McFarland, and Drs. Roe and Spencer. The testimony of Dr. Condon, for the prosecution, is of no legal account, because he was not in any sense an expert. He had never treated, in all his experience of twenty-five years as a physician, more than one case of insanity, and all that he knew of a case like the defendant's was derived from books. Clearly his testimony could be of no more value than that of any intelligent non-expert, who was of commonly acute observation, and intimate with the accused. In such cases, the testimony of an observing and intelligent friend or intimate, is worth more than that of a non-expert medical man who depends upon the testimony of other people, and has no opportunity of direct observation.

We have not space, nor is it necessary for our purpose, to take particular notice of the appeals to the jury and arguments to the court of the counsel for the state or for the defense, either as respects the legal points raised, or the testimony produced. They occupied the time of the court and jury four days, with various force of argument and learning, respecting which we do not choose to discriminate.



The charge of the judge is so clear, and considering the length of the trial and the mass of testimony adduced, so succinct, as well as so considerate and well digested in respect to the law relating to insanity as generally regarded by the courts, that we think it worthy of a full abstract.

#### THE CHARGE.

“The court instructs the jury in the matters of law applicable to this case, as follows :

“Murder is the unlawful killing of a human being in the peace of the people, with malice aforethought. The malice may be either express, which is that deliberate intention unlawfully to take away the life of a fellow-creature, which is manifested by external circumstances capable of proof ; or it may be implied, as for instance where no considerable provocation appears, or where the circumstances of the killing show an abandoned and malignant heart.

“Slanderous words, whether spoken, written or published in newspapers, do not, in law, amount to a considerable provocation, either to justify or excuse the act of homicide. If you believe, from the evidence in this case, that defendant unlawfully killed the deceased with malice aforethought, either express or implied, your verdict should be guilty. Whether the homicide in this case amounts to murder or not, depends upon the farther question, whether or not there was a union or joint operation of act and intention in its commission. The bare act itself, without the intention to commit it, is not sufficient. The intention must be present. In a legal sense, however, the intention at the time of the killing was not present, or did not exist, if at such time the defendant was insane, or of unsound mind.

“Insanity, or unsoundness of mind, is matter of defence. The defendant has relied upon it as such in this case, and the material question for you to determine is, whether or not at the time of the killing the defendant was insane, or of unsound mind.

“This question may be considered in three aspects :

“1st. Was the defendant, at the time of the killing, insane, or of unsound mind ?

“2d. What is the rule of law as to the degree of testimony necessary to prove insanity ?

“3d. As to the character of such testimony.

“And 1st. Was the defendant, at the time of the killing, insane or of unsound mind ?

“In considering this question, it is necessary for you to know that

in criminal cases, in order to absolve the party from guilt, a higher degree of insanity must be shown than would be sufficient to discharge him from the obligation of his contracts. Insanity may be general in its character. By which I mean that state of insanity which would exempt the person from punishment in one case as well as another ; in the case of larceny, burglary, and arson, as well as in murder or other crimes. It may also be limited or partial in its character, as where the insanity extends only to one or more subjects, the person being sane upon all other subjects, or in all other respects ; in which case, the liability to punishment for crimes not coming within the range or class of offences covered by such limited insanity would be the same as that of a sane man. There being those two kinds of insanity (not saying that there are no other divisions of the subject)—viz., such as are general, and such as are limited or partial in their character—whenever a defence is based upon either kind, or upon both, the questions for the jury to determine are—

“ 1st. Whether insanity exists at all or not ; and if it does exist, then, whether it exists to so high a degree that for the time being it overwhelmed the reason, conscience and judgment, or whether the party accused acted from an uncontrollable and irresistible impulse. If, in either of the before described kinds of insanity, the disease did not exist to such a degree as before stated, but there still remained a sufficient power of memory to recollect the relation of persons and things, and that the act he was committing was contrary to the plain dictates of justice and right, injurious to others, and a violation of the dictates of duty, then the accused would be liable to punishment ; otherwise, he would be exempt.

“ And, to elucidate the matter still further, I will remark that, when a person is laboring under such insanity as will exempt him from punishment, experience shows that he is still capable of recollecting and reasoning, and often to such an extent as to deceive a casual observer. He is often cunning and shrewd, and capable of devising plans to accomplish his purposes. In all such cases therefore, this capacity of recollecting and reasoning, this cunning and shrewdness, often showing a knowledge of right and wrong, do not militate against the plea of insanity. They are, in fact, common to both the sane and insane mind. Hence, the existence of these mental qualities does not disprove insanity, as the insane man possesses them as well as the sane man. But where the object is to test the degree of insanity, to ascertain whether or not the person is insane, or that his mind is diseased to that extent which exempts him from punishment, it is competent, in such cases, to inquire whether the accused had capacity and reason sufficient at the time of the act to enable him to distinguish between right and wrong as to the particular act itself—whether he had a knowledge and consciousness that the act he was doing was wrong and criminal, and would subject



him to punishment; for, although he may have been insane, or his mind diseased, to a certain extent, if he still understands the nature and character of the act and its consequences, if he had a knowledge that it was wrong and criminal, and a mental power sufficient to apply that knowledge to his own case, and to know that if he did the act he would do wrong, and receive punishment,—such partial insanity, whether it is manifested in cases of a general or a limited character, is not sufficient to exempt the accused from punishment, or responsibility for crime. These principles are to govern you in coming to a determination in this case. Was the defendant, at the time of the killing, laboring under general insanity, such as would exempt him from punishment for all other crimes as well as murder? or was he laboring under that limited insanity which would only exempt him from punishment for crimes resulting from that insanity as its cause? or whether he was laboring under both these kinds of insanity, to such an extent as would exempt him from punishment? As to the first two propositions, viz., whether he was laboring under limited or partial insanity, the rule is, that if in either case he had capacity and reason sufficient to enable him to distinguish between right and wrong as to the killing of the deceased, if he had a knowledge and consciousness that the act was wrong and criminal, and would subject him to punishment, and a mental power sufficient to apply to his case, your verdict should be guilty; but if you are satisfied, from the evidence, that his mind was in a diseased and unsound state, and that such disease existed to so high a degree, that for the time being it overwhelmed his reason, conscience, and judgment, and that in committing the act he acted from an irresistible and uncontrollable impulse, you should find him not guilty. As to the other proposition, viz., whether he was laboring under both general and limited, or partial insanity combined, his guilt or innocence will depend upon the same conditions as are above stated.

“But, in this connection, it becomes your duty to inquire whether, in case his general insanity did not exist at all, or did not exist to such a degree as to exempt him from punishment, then, was he at the time of committing the act laboring under a limited or partial insanity, or, in other words, under an insane delusion that the deceased had been and was still endeavoring to ruin the character of himself and relatives, and to bring about his own destruction, and that the killing of the deceased was the only appropriate remedy to prevent it; if you believe that such a delusion existed to so high a degree that, for the time being, it overwhelmed his reason, conscience, and judgment, and that in committing the act of homicide he acted from an irresistible and uncontrollable impulse, you should find him not guilty. But, on the contrary, if you believe, from the evidence, that the defendant, at the time of the killing, had capacity and reason sufficient to enable him to distinguish between right and wrong

as to the killing of deceased, and had a knowledge and consciousness that the act was wrong and criminal, and would subject him to punishment, you should find him guilty.

“2nd. As to what amount of testimony is required to prove insanity.

“Upon this point the court instructs you as follows :—That the principle of law is, that every man is presumed to be sane, and to possess a sufficient degree of reason to be responsible for his crimes, until the contrary is proved to the satisfaction of the jury. And in this case, in order to acquit the defendant, the evidence must satisfy your minds, that at the time of the killing the defendant was laboring under such a defect of reason, from mental disease, as not to know when he killed the deceased, the nature and quality of the act; or, if he did know it, he did not know he was doing wrong. Your minds must be clearly satisfied, from the evidence, of the existence of the defendant's insanity at the time of the killing; and that that insanity existed, as has been before stated, to so high a degree, that for the time being it overwhelmed his reason, conscience, and judgment; and that in committing the homicide he acted from an irresistible and uncontrollable impulse. But as the defendant has introduced evidence to sustain the plea of insanity, and the prosecution has produced evidence to rebut it, the rule of law in such case is, that you must be clearly satisfied of the truth of such insanity at the time of the killing, by a preponderance of testimony in his favor. You are to judge of the credibility of the witnesses on both sides, and to give to their evidence such weight as you think it entitled to. If, upon the whole evidence, there is a preponderance in favor of the defendant's plea of insanity that satisfies your mind that it is true, to the extent and degree required by law, to exempt him from punishment for the killing of the deceased, you should find him not guilty; if otherwise, you should find him guilty.

“3rd. As to the character of the testimony—the testimony of medical witnesses, introduced on the trial of a cause, is competent testimony; and where their experience, honesty, and impartiality are undoubted, such testimony is entitled to great weight and consideration. It is remarked by an able writer upon medical jurisprudence, Mr. Wharton, that ‘such testimony is authoritative.’ By this expression, it is not intended that the jury are absolutely bound to be governed by the testimony of medical men. If such witnesses are experienced in their profession, are honest and impartial, and are governed by no improper motives, or ruled by no improper influences, their evidence or opinions upon the medical questions submitted to them are entitled to great weight. The object of such testimony is to aid and assist the jury in coming to correct conclusions upon the whole case.

“You should apply these principles to the testimony of the medical men introduced as witnesses in this case, and the weight to be



given by you to their testimony should be in proportion to your confidence and belief in their experience, honesty of purpose, and impartiality, and in view of the whole testimony on both sides. If you are satisfied that the defendant, at the time of the killing, was insane—that said killing was the result of an irresistible and uncontrollable impulse, growing out of a diseased and insane mind, you should find him not guilty; otherwise, your verdict should be guilty.

“The court further instructs you, that if you believe from the evidence that the defendant killed the deceased with malice aforethought, expressed or implied, you should find him guilty.

“But if your minds are clearly satisfied, from the preponderance of evidence, that at the time of such killing he was insane to that extent, previously explained, which exempts him from punishment, you should find him not guilty.

“If you are not satisfied from the evidence that he was so insane at the time of the killing, you should find him guilty.

“And if, upon a view of the whole testimony in the case, you entertain a reasonable doubt of his guilt, as charged in the indictment, you should find him not guilty.”

Verdict—Not Guilty.

“On the following day, upon affidavit, Robert C. Sloo was declared by the County Court, Mr. Justice Bowman presiding, to be insane; an order for his transfer to the Insane Asylum was made out, and on the following Monday he was thereunto dispatched.”

On a review of the whole testimony, of which we have endeavored to give a fair abstract, we think the proof sufficient to show—

1st, The existence of physical disease of long standing.

2nd, The frequent result of that disease in insanity, or such an impairment of the mental faculties as destroys responsibility.

3rd, Its actual result in insanity,—incipient dementia,—in this particular case.

4th, The probable existence of an insane delusion, which was the immediate cause of the homicide.

The first point seems to be sufficiently proved by the testimony of Dr. Herod, of Sloo's father and sisters, and of some of his acquaintances and intimates out of the family.

The second point is abundantly proved by Dr. McFarland, an acknowledged expert, and by Drs. Roe and Spencer, partial experts, and sufficiently conversant in the practice of medicine, and with the

particular physical disease and its results, to justify a confidence in their opinions.

The same testimony, taken in connection with the circumstances attending the homicide, is satisfactory to our minds, that it was committed by an insane or partly demented man.

As to the existence of an *insane delusion*, in the ordinary sense of the term, we are not quite so clear. The same inference seems to have been drawn from the newspaper articles reflecting upon the Sloo family, by the father of Sloo, as was drawn by Sloo himself, respecting their intent to cast a reproach upon the mother and sisters on a point that is vital to the good repute of women. That a *sane* man, like Col. Sloo, should have inferred such an intent from the mere suggestion (which is all that the articles contain respecting the female part of the family) that they "nestle in their satins and fill a large space in the butterfly circles," is very singular. It is not, perhaps, singular that a man incipiently demented, and excited by the virulence of the attack upon his father, and the ridicule cast upon himself in those articles, should morbidly construe the expression quoted, into a slander upon his mother and sisters, and conclude that a writer who would wrongfully accuse the male members was quite as willing to reproach the female members of the family, and meant to do so under the cover of that allusion. Although we concede that there might have been an *insane delusion* on this point, still it is not the strong point of the case; for we think that conceding incipient dementia, without a particular delusion, and considering the bitterness of the articles in a general way (without reference to what they contain respecting the mother and sisters, and their likely effect upon the impaired mind of a son and brother) the jury had ample reason to acquit on the general ground of insanity, even if no attempt had been made to prove the alleged *insane delusion*.

What we have further to remark upon the case must be briefly stated.

The act of Sloo may, by some, be classed under the head of *impulsive* homicidal insanity. In our judgment, an impulsive homi-



cide is not oftener committed by an insane, than by a sane man, and is usually committed by both upon some instant provocation, either actual or imagined. The procuring of a weapon, a week, or a day, or even an hour before the act is done, implies deliberation; the seizing of an instrument of offense on the instant, whether the provocation be actual or imagined, is characteristic of an impulse. An insane man will often entertain, and then abandon, and then revive a purpose to commit a homicide. We give an instance taken from the minutes of the superintendent of an asylum for lunatics.

G. was afflicted with acute mania. On one occasion his attendant, J., (who was afterwards discharged for the act,) treated him harshly, forcing him down on his bed, and constraining him. G. determined, as he afterwards acknowledged, to take J.'s life the first opportunity. He made efforts, however, to control this determination, and concluded to abandon any homicidal attempt. The homicidal purpose, without any fresh provocation, afterwards revived; and two or three months after the first occurrence, with a view to an opportunity for committing the homicide, he asked permission to accompany a party going to cut ice, which was granted, for reasons satisfactory to the superintendent, on a promise that he would not misbehave, the superintendent being then ignorant of the occurrence between G. and J. The same attendant, J., was of the party, and had charge of G. They went to the ice-field pleasantly together, and G. was intrusted, at his own request, with an ice-axe or cutting tool. On arriving at the spot G. approached J. with the intent to kill him with the axe. He subsequently informed the superintendent that he was arrested in his purpose while in the very act of executing it, with the weapon upraised, by a sudden reflection that it "would only make a muss," without any advantage to himself or others, and refrained.

But for G.'s subsequent voluntary disclosure of the circumstances, supposing the homicide to have been actually committed, it would have been deemed by some an *impulsive* homicidal act, although he was not a homicidal or violent patient; but his disclosure shows that it would have been the deliberate act of a man laboring under

insanity, referable to a former actual provocation, and the fulfillment of a purpose long, although intermittingly, entertained. If it had been actually committed, the act would have been an insane act, although not an impulsive one. The impulse, after all, was to *refrain*; and it was acted on by a *maniac*, and one who continued so for some time afterwards.

So Sloo's homicide of Hall was not an impulsive, although an insane act. That he sought for, and finally obtained, a pistol for the purpose of avenging his fancied injuries upon Hall, conflicts with the idea that the act was an impulsive, as contradistinguished from a deliberate one, although the whole manner of performing it exhibits insanity.

A sane man is as likely to act criminally on an impulse as an insane man; and any previous preparation by either belies an impulse, unless in such cases where dangerous weapons are habitually carried for offense and defense. If Sloo, for instance, who did not habitually carry a pistol, had met Hall accidentally and unprovided with any weapon of offense, and had on the spur of the moment and of some present provocation, by word, look, or deed, on Hall's part, seized upon any chance thing at hand and inflicted a mortal wound, it would have been an *impulsive* attack in the proper sense of impulsiveness, as distinguished from any prior deliberation to do a mischief. But this act, as he committed it, was evidently *non-impulsive*; it was insanely deliberate—brooded over—and finally effected according to the common mode of insane deliberation, quietly, without immediate provocation, without any sort of notice, in the light of day, in the presence of witnesses, and with a disregard or unconsciousness of consequences that usually accompanies no deliberate criminal act of a man in the possession of his senses. Such a man would seek concealment for the execution of the deed, and for escape from its retribution. While the insane man strives to hide his *approaches* towards his violent purpose, and rather expects approval on its *accomplishment*, the sane man strives to hide both. He is more fearful of discovery when the fact is done, than of being detected in his preliminary movements.



The question of expertness seems to have been put on the right ground in the course of the trial. Dr. Herod, not professing to be an expert in insanity, or in the special disease in question, was admitted to prove simply the existence of disease and its character. Dr. McFarland was specially summoned as an *expert in insanity*, to give his opinion and inferences from the facts proved, and from his examination of the defendant. Drs. Roe and Spencer were admitted as experts in the particular disease, and its common effects upon the brain and mental powers. The lay witnesses were confined to facts, and precluded from drawing inferences or expressing opinions as to rationality of conversation or conduct. Dr. Condon although permitted to testify, is such an entire inexpert, both as to the disease and as to insanity, that the most stupid jury would regard his testimony as worthless; and the only failure on the part of the judge seems to us to be in not having refused the witness a further hearing, except as to *facts* within his knowledge, after the public acknowledgment of his inexpertness. Experts should only be confronted by experts; otherwise questions that can be solved by experts only, might as well be decided by the vote of a town-meeting, where possibly swine would be affirmed to be rational beings on the sworn opinion of such a witness as lawyer Bartley, who thought, upon oath, a hog could reason.

That the verdict of the jury was right is corroborated by the fact, stated at the conclusion of the report, that the accused was subsequently, by another tribunal, committed to the Illinois State Hospital for the Insane. Dr. McFarland has thus an opportunity of ascertaining from personal observation the correctness of his inferences as to the real condition of the accused at the time of the homicide; and we hope that if the verdict was founded on any misapprehension he will deem it a duty to the medical and legal professions to make it known.

THE PATHOLOGY OF INSANITY. BY J. C. BUCKNILL, M. D.

[*Concluded from* Vol. XIV, *page* 363.]

[The conclusion of this valuable essay is taken from the new MANUAL OF PSYCHOLOGICAL MEDICINE, by Drs. Bucknill and Tuke.]

*The Humoral Pathology of Insanity.*—The qualitative analysis of the blood of the insane has been made a subject of investigation by some German and French Physicians. Although the somewhat difficult manipulations needful to obtain accurate and trustworthy results in an investigation of this kind, may be a severe test of the chemical abilities of alienists, we must admit that the uniformity of the gross results obtained by several independent inquirers, are sufficient to justify the important conclusion, that the condition of the blood of the insane is opposed in character to that which is found to obtain in inflammatory diseases, and that it approximates to that found in non-inflammatory neuroses, and in febrile affections. Hittorf, of the Siegburg Asylum, analyzed the blood of seven patients suffering from acute mania; the results he obtained were, that in six out of the seven cases, the fibrine was below 2.5, the percentage of fibrine given by Becquerel and Rodier as the amount of this substance in healthy blood; that, in the same number of cases, there was a diminution of the globules; and, in five out of the seven cases, there was an increase of water. In Hittorf's analysis of healthy blood, however, the amount of fibrine is marked as low as 1.4. The disagreement with the result obtained by physiological chemists of reputation, is sufficient to detract from the value of his conclusions.

Erlenmayer has analyzed the blood of patients suffering from various forms of mental disease. The conclusions he arrives at are, that the venous crisis, *id est*, the increase of globules, is very rare among the insane, and principally occurs in idiocy and delirium tremens; and that the fibrinous crisis, *id est*, increase of fibrine, is



equally rare in cases of insanity free from complications which would tend to modify the proportions of this constituent.

M. Mischea, who has investigated the condition of the blood in general paralysis, found that, in the majority of cases, there was an increase in the number of globules; in the majority, also, the quantity of fibrine was normal, in some it was diminished. The inorganic matter of the serum representing the albuminous constituent was diminished in little less than one-third of the cases; from which he infers, that "the spontaneous diminution and the insufficient formation of the albumen of the blood, are the immediate causes of a certain number of the cerebral effusions which occur in the paralytic insane."

The analysis which Becquerel and Rodier obtained of blood in acute inflammations (*Path. Chem.*, p. 105) shows a proportion of fibrine of 5.8 per cent., the normal standard being 2.5; a decrease of globules from the normal standard of 135 to 123.3; a decrease in the albumen of the serum, and also the alkaline salts; and an increase of fatty matters. In encephalitis, Poggeolli and Marechal found the fibrine increased to 6.08, and the globules decreased to 106.05, affording a remarkable contrast to the proportion of these constituents found by Hittorf in acute mania: the highest amount of fibrine found by the latter being 2.03, and the lowest amount of globules being 109.191.

The condition of the *Urine* in insanity has been carefully investigated by Dr. Sutherland, to whose valuable papers on this subject in the *Medico Chirurgical Transactions* of 1844 and 1855 we must refer our readers. A comparison of the results obtained by him, with those of Dr. Bennet Jones, in his inquiry respecting the proportion of phosphates in the urine of phrenitis, delirium tremens and general paralysis, is highly instructive.

In four out of five cases of acute mania, Dr. Sutherland found the proportion of phosphates above the mean quantity present in health; in the fifth case it was nearly of the healthy standard. In one case it was as high as 9.73, being nearly equal to that found by

Dr. Bence Jones in delirium from fracture of the skull. Dr. Sutherland believes, however, that this successive elimination of the phosphates is rather a measure of the consumption of nerve-force than of inflammatory action. The results of treatment, of blood analysis, and of *post-mortem* investigation, prove to him that the condition of the brain in mania is not inflammatory.

In acute dementia the amount of the phosphates was remarkably deficient. It was lowest when the mental faculties were most feeble. In one case, the proportion was 2.49, when the powers of the mind were in abeyance; when they again began to be exercised, the proportion increased to 5.1. In another case, when first examined, the proportion was 5.23; but, as the disease advanced, and when the patient was unable to comprehend what was said to her, the phosphates fell to 2.37.

In general paralysis there was great deficiency of the phosphates, these falling, as the disease advanced, from 3.42 to 1.57. In chronic mania and chronic dementia the amount of phosphates was below the average in every case but one, a patient in whom the powers of the mind were little impaired. Dr. Sutherland thinks that these results correspond in a very interesting manner with the analyses of the brain and of the blood in mental diseases. The tissue from which the phosphates are eliminated is the albuminous: and, according to L'Heritier, the brain of infancy and old age, compared with that of the adult, presents a minus quantity of albumen, fat, and phosphorus; while, according to Couerbe, there is a plus quantity of phosphorus in the brain of acute mania.

In the reaction of the urine, the observations of Dr. Sutherland are opposed to those of Erlenmayer, who, in his thesis "*De Urina Maniacorum*," states that the urine is generally alkaline, in recent cases of mania. Dr. Sutherland found that, in 125 cases of recent mania, admitted during two years at St. Luke's, the urine was acid 111 times, alkaline 13 times, neutral 1; and that, in 100 cases of chronic mania and dementia, it was acid 61 times, neutral 6, and alkaline 33 times; in 25 cases of paralysis of the insane it was acid in 12, neutral in 1, alkaline in 12.



*The Pathology of General Paralysis.*—This interesting, but hopeless form of disease, may be said to have been unknown until it was fully described in the admirable “Memoire” published by Calmeil in 1826. Haslam, it is true, in his “Observations on Madness” (2nd edit., 1809, p. 259,) refers to its symptoms in a manner which can leave no doubt that their peculiarity had engaged his attention; but no further notice was taken of it until Bayle’s thesis, in 1822, and Calmeil’s work in 1826, called to its remarkable phenomena, the attention of all medical men practicing in lunacy. Notwithstanding the frequency of its occurrence, and the large proportion which it contributes to the mortality of the insane, it can not be said, even at the present time, to be well known to the profession at large. In his eleventh Lecture, Dr. Conolly states that he had never noticed it until he read Calmeil’s work; and that, “although we are familiar with this form of disorder in asylums, and learn to recognize its earliest appearances, I frequently find its existence unrecognized or unknown, when attending private cases.”

The following are Calmeil’s conclusions respecting the pathology of this disease :—

1st. The alterations found within the skull of patients dying from general paralysis (namely, injection and wearing away of the bone; injection of the dura mater, and separation of its fibres; effusion of serosity into the cavity of the arachnoid; false membranes, organized and not organized; cysts filled with blood between its two laminæ; simple arachnoidean hæmorrhage; œdema of the meninges; vegetations of the pia mater; injection and thickening of the membranes; development of their blood-vessels; adherences between the pia mater and the cerebral convolutions; removal of the gray substance; softening, induration, increased color, and injection of the same substance; consistence and injection of the white substance; redness and injection of the ventricular villosities [query, choroid plexus]; serosity in the ventricles; apoplectic cysts; erosions of the convolutions; a nucleus [noyau] of an unknown nature; softening either of the brain or of the spinal marrow); do not sufficiently explain the symptoms observed during life.

“ 2nd. One is compelled to avow the insufficiency of these alterations, on account of their not being constant, and on account of their being found in patients who were not paralytic, and in the progress of whose disorder there had been no resemblance to the one peculiar to general paralysis.

“ 3rd. Nearly all these alterations, examined with impartiality, indicate the existence of a chronic phlegmasia in the encephalon, which exerts its principal ravages on the superficies of the convolutions, on the gray substance and the envelopes of the brain.

“ 4th. The conclusion, therefore, is permitted, that it is a chronic inflammation [*phlegmasia*], which gives rise to general paralysis by determining to the brain a single modification [*modification identique*], which we have not known how to appreciate; and which, independently of the changes recorded, may have existed in all the individuals whom we have dissected.

“ 5th. That it happens in a case of general paralysis that the brain presents no appreciable trace of inflammation, this would be no certain proof that inflammation had not existed. After having existed during a certain time, it might have disappeared; the alteration which it had occasioned, and from which the general paralysis resulted, might continue to embarrass the movements.

“ 6th. General paralysis will always offer specious arguments to the partisans of nervous paralysis. Convinced that a function may be injured, without the organ being so upon which it is dependent; seeking to establish the opinion that the cerebro-spinal system may remain sound, even when the voluntary movements are abolished, they select those cases of general paralysis where the sole cadaveric results have been, for example, only some infiltration into the meninges, some accumulation of serosity between the laminæ of the arachnoid, some injection and discoloration of the gray substance, some granulations of the membrane of the ventricles; and they maintain that these results are not sufficient to cause such grave symptoms. In vain may we invoke the existence of an inflammation, which, upon an organ so frail as the brain, would exercise a fatal influence: they demand the demonstration of the changes whose existence we



admit : and since, in this respect, there is a real difficulty in satisfying them, they place the advantage to their side."

Such are the conclusions, on the pathology of this disease, to which the author comes, from whose admirable monograph it first became known to the medical world. Further research has made no important addition to his careful observations ; and although we can not accept the interpretation which he gave, in the spirit of the prevailing Broussaism of his day, that the changes he found were the result of a chronic inflammation, we may admit the soundness of the broader proposition—that the disease depends upon "some one modification of the brain whose nature we have not yet learned to appreciate."

Other French alienists attribute the pathological cause of this disease to changes still more special and limited than those alleged by M. Calmeil. Thus Bayle, with whom Esquirol concurs, attributes it to a chronic form of meningitis. M. Delaye, to induration of the medullary substance. M. Bottex affirms that the meninges are always adherent to the cortical substance, and that any alteration in the medullary substance is rarely observed. M. Parchappe attributes it to the softening of the middle layer of the cortical substance, which permits the ready separation of the external layer. M. Belhomme confirms the alterations reported by others, in the superficial parts of the cerebrum, but adds, that the changes originating them extend gradually to the very centre of the organ. These discordant opinions lead necessarily to the inference, that the pathology of this disease is yet purely a matter of surmise. That degraded conditions of nutrition are commonly found in the brains of persons dying of general paralysis, is about all that can be stated as actual and reliable fact. The arachnoid is found opaque, but not so notably changed as to indicate the previous existence of inflammation, in the common acceptation of that term. There is atrophy, and sub-arachnoid dropsy. The gray cortical substance is obviously thinner than in health. The medullary substance is often discolored with pink mottling, or presents a slight shade of brown or gray. Its specific gravity is always diminished, a fact pointed out by the author in the Re-

port for the Devon Asylum, for the year 1851, and more fully proved in his paper on the Pathology of Insanity, in the 29th Part of the *Medico Chirurgical Review*. In the above mentioned Report, the author expresses his opinion on the pathology of this disease as follows; "I believe that General Paralysis is essentially *a disease of nutrition, affecting the whole nervous system*,—that nerve-matter, both in the vesicular and tubular portions thereof, is imperfectly produced,—and that the cerebral or generative, and the conducting functions are consequently interrupted. If chemical research should inform us hereafter of what pure neurine consists, it may perhaps be enabled to show that, as in rickets, the utility of the osseous system is injured for want of certain earth-salts; so, in this disease, the atrophy observable in the gross mass of nerve tissues, and the general decay of function depends upon want or change in the quantity or quality of the neurine." We adhere to this opinion, which we believe justified by the fact first ascertained by the author, and published in the above mentioned Report, that, "in the paralysis of the insane, the irritability of the muscles and the excito-motory function of the nerves is nearly lost; in ordinary paralysis, whether dependent upon lesion of the spinal chord, or of the brain, these functions are retained. I think this point important, as it tends to prove that the cause of this disease is not localized in any one portion of the cerebro-spinal axis, but consists in some morbid change, pervading the whole nervous system, and probably implicating the distal fibrils."

That this disease consists in some vice of nutrition, whose nature is yet unknown, but whose extent embraces the whole of the nervous system, and is by no means limited to the encephalic centres, is a view which also appears to us to derive support from the atrophied and changed condition of the spinal chord. In the above mentioned Report, the author states; "I have made numerous examinations of the spinal chord, and always have thought that it presented a less diameter than ordinary. As, however, I could not verify the rough estimates of the unassisted senses by any satisfactory appliances of measure or of weight, I am unable to advance my



knowledge of this fact as satisfactory or conclusive. Satisfactory proof that the spinal chord is atrophied would be of great importance ; for, whilst most of the changes observed in the brain itself are common to other morbid conditions, it would probably be found that atrophy of the chord, in addition to these changes, is peculiar to this disease."

Since this was written, we have paid much attention to the condition of the spinal chord in general paralysis. We have weighed the medulla oblongata, and the upper portion of the chord, in many instances ; but, although our conviction is that its absolute weight is greatly diminished, the want of a trustworthy normal standard of comparison incapacitates the proof. The white fibrous matter of the medulla and the chord have appeared to us indurated, as well as diminished in volume, while the columns of gray substance in the chord and the gray matter of the olivary bodies, have presented a deeper color, often tinged with brown, and a softened consistence. The membranes of the chord, also, have, in many instances, been rougher than usual, often accompanied with a dark gray discoloration.

Such are the gross changes which have presented themselves to us. When the microscopist and the chemist have succeeded in demonstrating the fundamental changes of structure which undoubtedly exist in the special nervous system, in such diseases as tetanus and hydrophobia, we may expect their invaluable aid in the elucidation of the true nature of the pathology of the interesting disease under our present notice.

PROCEEDINGS OF THE THIRTEENTH ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

*Reported for the Journal of Insanity, by Geo. F. Shrady, M. D.*

THE Thirteenth Annual Convention of the Association of Medical Superintendents of American Institutions for the Insane was held at Russell's Hotel, in the city of Quebec.

ORGANIZATION.

*President.*

Dr. ISAAC RAY, Butler Hospital for the Insane, Providence, R. I.

*Vice President.*

Dr. T. S. KIRKBRIDE, Penn. Hospital for Insane, Philadelphia, Pa.

*Secretary.*

Dr. C. H. NICHOLS, Gov't Hospital for the Insane, Washington, D.C.

*Treasurer.*

Dr. JOHN S. BUTLER, Retreat for the Insane, Hartford, Ct.

The following members were present :

*Canada East.*—Dr. J. DOUGLASS, Dr. JOSEPH MORRIN, Dr. C. FREMONT, and Dr. A. VON IFFLAND, Lower Canada Lunatic Asylum, Quebec.

*Canada West.*—Dr. JOSEPH WORKMAN, Provincial Lunatic Asylum, Toronto.

*Maine.*—Dr. J. M. HARLOW, Maine Insane Hospital, Augusta.

*Vermont.*—Dr. WM. H. ROCKWELL, Vermont Asylum for the Insane, Brattleboro.

*Massachusetts.*—Dr. JOHN E. TYLER, McLean Asylum for the Insane, Somerville. Dr. MERRICK BEMIS, State Lunatic Hospital,



Worcester. Dr. G. C. S. CHOATE, State Lunatic Hospital, Taunton. Dr. EDWARD JARVIS, Private Asylum, Dorchester.

*Rhode Island*.—Dr. ISAAC RAY, Butler Hospital, Providence.

*New York*.—Dr. M. H. RANNEY, New York City Lunatic Asylum. Dr. JOHN V. LANSING, Kings County Lunatic Asylum. Dr. E. H. VAN DEUSEN, First Assistant Physician, State Lunatic Asylum, Utica.

*Pennsylvania*.—Dr. JOHN CURWEN, Pennsylvania State Lunatic Hospital, Harrisburgh. Dr. J. H. WORTHINGTON, Friends' Asylum, Frankford. Dr. EDWARD A. SMITH, Assistant Physician, Pennsylvania Hospital for the Insane, Philadelphia.

*Georgia*.—Dr. THOMAS F. GREEN, State Lunatic Asylum, Milledgeville.

*Mississippi*.—Dr. W. B. WILLIAMSON, State Lunatic Asylum, Jackson.

*Missouri*.—Dr. T. R. H. SMITH, State Lunatic Asylum, Fulton.

*Kentucky*.—Dr. WILLIAM S. CHIPLEY, Eastern Lunatic Asylum, Lexington.

*Illinois*.—Dr. ANDREW MCFARLAND, State Hospital for the Insane, Jacksonville.

*Indiana*.—Dr. JAMES L. ATHON, State Hospital for the Insane, Indianapolis.

*Ohio*.—Dr. R. HILLS, Central Lunatic Asylum, Columbus. Dr. J. J. McILHENNY, Southern Ohio Lunatic Asylum, Dayton. Dr. W. MOUNT, Hamilton County Lunatic Asylum, Cincinnati.

*Michigan*.—Dr. E. H. VAN DEUSEN, Asylum for the Insane, Kalamazoo.

Benj. F. Pickney and W. T. Pickney, Esqrs., of the Board of Ten Governors, N. Y. City, Dr. Geo. F. Shrady, of the N. Y. Hospital, and Dr. Grimes and Gen. Brady, of the Board of Commissioners of the Indiana Hospital, were in attendance.

According to the previous adjournment, the Association was called to order at 10 o'clock, A. M., Tuesday, June 8, 1858. Dr. Isaac Ray, President, in the chair.

The Secretary being absent, Dr. Curwen was elected Secretary, *pro tem*.

After the reading and approval of the minutes of the last meeting, the following gentlemen were elected to serve on the usual committees :

Drs. Douglass, Fremont, and Morrin, the Business and Financial Committee.

Drs. Curwen, Smith, and Choate, a Committee to recommend the time and place of the next meeting of the Association.

The Secretary then read letters from the following gentlemen, expressing their regrets at being unable to attend the meeting : Drs. Parker, of S. C., De Wolf, of Halifax, N. S., and Litehfield, of Kingston, C. W.

Dr. Joseph Workman, of Toronto, then read a very elaborate paper on the Pathological Anatomy of the Brain in General Paralysis.

He introduced it as follows :

MR. PRESIDENT, AND GENTLEMEN :

The only apology I can offer for the details which I am about to submit to your consideration, is, that I regret their imperfection, and would gladly have made them more worthy of the attention of this Association. As a Canadian I feel grateful for the honor you have conferred on my country, in the selection of its venerable capital as your place of meeting in the present year ; and when I state, that in laying before you a few cursory observations on the pathological anatomy of insanity, too hastily gleaned in the course of other onerous and multitudinous labors, I offer them in acknowledgment of my deep sense of the distinction you have conferred on these British Provinces by your presence, and I trust that you will accept my meagre contribution in that spirit of forbearance and consideration, which, before a higher tribunal, gave fair value to the widow's mite.

It is totally impossible for any medical superintendent of a large insane hospital, to appropriate to pathological investigation, that time and minute attention, which the importance of the subject, and the present advanced state of medical science, demand. We must either be content with superficial and hurried observation, or deny ourselves entirely the indulgence of autopsical enquiry. Microscopic and



chemical research must be left in the hands of those who have the necessary time for such work. True, indeed, the results of such nice investigation, have not *yet* been so very large or decisive, nor the conclusions arrived at so harmonious, as to render our own poverty of observation so appreciable as it otherwise would be ; but the pathology of insanity is yet in its earliest infancy, and its great revelations must be expected from those who devote themselves exclusively to its cultivation. It will be our duty, and high privilege, to profit by the labors of these apostles of science ; and assuredly they will deserve our warmest gratitude. In the mean time, while awaiting with patient hope, the dawning of a fuller light, let us not deny ourselves the benefit of our own little tapers, though their rays should not extend beyond the circumscribed limits of our own darkness.

The advancement of sound pathological science, in the present day, depends perhaps more on the careful consideration, and proper application, of existing, simple facts, than on the discovery of additional or complex ones. The magnetic telegraph is not many removes distant from Franklin's wire kite-cord. The steam-force which propels the railroad-locomotive, the steamboat, or the cotton-mill, is not different from that which the old man, smoking his pipe, saw elevating the lid of his tea-kettle. We may spend much time in search of great truths which ultimately we may find have all the while been in our fingers ; just as the butcher, after fruitlessly hunting everywhere, and in many a dark corner, for his knife, at length discovered that it was, and had all the time been, in his mouth. I cannot avoid believing that in the morbid lesions of the brain, and other organs of the human frame, even as observed by the unaided eye of the dissector, there is much significance ; and I am tardy in yielding assent to the dicta of those, who rate at low value the revelations of even the common scalpel.

If it is asserted that the organization of the brain and the nervous system, is so delicate, peculiar, and impalpable to sense, and the relations of mind and matter are so inapproachably obscure and inexplicable as to preclude all hopes of our obtaining, from ordinary autopsical examinations, any light which may enable us to comprehend

more clearly, and to treat more successfully, the malady of insanity, I may receive the dictum with that deference which ignorance should always evince towards dogmatism. Counter-assertion is, to be sure, as legitimate as assertion ; but truth does not consist in either ; and it is better to plod on patiently in the beaten path of enquiry, than to go to sleep under the hypnotic influence of negative prophecy. I submit the following details to your consideration, more with the hope of eliciting, than of communicating, valuable information ; and I assure you that I shall most thankfully appreciate whatever remarks you may be pleased to make, on any of the subjects now brought under notice.

[ The paper, here introduced, is printed in part as the first article of the present number of the JOURNAL : the remainder will be given in the number for October.]

Dr. Douglass stated, in connection with the gyratory movements referred to by Dr. Workman, that the tendency to move in that way was frequently seen in lesions of the base of the skull.

“ I recollect a case,” said he, “ of a gentleman upon whose head a barrel of flour fell, and among other injuries which he sustained was a fracture of the base of the skull. He was rendered perfectly insensible for many days, and during this time was continually gyrating in bed. He ultimately recovered so as to go about, but he was left with a difficulty in his speech. He would wish for one thing, and ask for another ; wishing for a fork he would ask for a tongs, and would become very angry with those who would not understand him. He went into the country soon after, and died after a year’s residence there. I succeeded in getting the skull, which gave me an opportunity to ascertain where the lesions of the brain had been.”

In the same connection Dr. D. referred to another case, of a lady who fractured the base of her skull, and was insensible for many days. When, however, the comatose condition passed away, and sensibility returned, “ she spoke very fluently, and scolded very much, but nobody understood what was said ; she seemed to speak



German. She recovered. I then asked her if she understood German. She said 'No, no language but the English.' Did you ever speak any other language? 'Yes,' said she, 'when I was a little girl, being brought up among the Moravians, in Pennsylvania, I spoke nothing else.' At that time she could not speak a word of German."

Dr. Choate stated, in relation to the frequency of the occurrence of general paralysis in the two sexes, that he did not think that since the opening of the Hospital at Taunton, they had received a single female suffering from general paralysis. From two to five cases of the disease in males had been received annually. "I think," said he, "the greater part of these cases occurred in men of intemperate habits, and have always supposed there was some general connection between the habit of using intoxicating drinks to excess, and this form of disease. I recollect several now under treatment, who have been intemperate."

Dr. Workman said, that out of fifteen cases of this disease, he had only seen one in which the patient had been intemperate. Intemperance killed its victims by other and numerous resulting maladies, and often took a shorter cut.

The most marked case of insanity connected with intemperance that he had seen, occurred about a year ago, in a member of a very enterprising family in Canada. He was engaged largely in speculations. His father and mother died of paralysis, and so also did many of the family. He had the money-making propensity in a remarkable degree, and did not show the marked phenomena of paralysis, but still there was very marked cerebral disease. I assisted at the *post-mortem* examination, and never saw a brain more softened. On removing the calvarium, the brain literally flowed out like melted butter.

He regarded general paralysis more as a consequence than a cause; that far from intemperance always being causal, it was often the result of insanity; at all events the number that could be said to have had their origin in intemperance, had been, in his observation, very small. He thought that in a great many cases insanity resulted from disease of the stomach. He believed that not more than five per cent. of the cases of insanity in the Toronto Asylum had been

*directly* caused by intemperance ; but the number that were *indirectly* ascribable to intemperance in their progenitors was very great. He did not believe that intemperance had such an extensive connection with general paralysis as was made out to exist. In conclusion, he asked the opinions of the members present upon this subject, at the same time thanking them for the patient and considerate manner with which they listened to the reading of such a lengthy paper.

Dr. Athon said, that in the Indianapolis institution, within the last five years he had had five distinct cases of *paralysie générale* ; three being males and two females. The males were temperate ; they all had a monomania on the subject of making money, and they were all destructive. One of them tore all his blankets in strips, and would destroy articles belonging to patients, for which he would pay them liberally. One of the females died, and gave an opportunity for a *post-mortem* examination to be made. The meninges were hardened. "We found," said he, "water within the brain. The left lung was destroyed. The heart was forced to the right side, and covered with more than one-fourth of an inch of fat." He stated that in his locality the people have a horror of *post-mortems*, so that he is compelled to carry them on with the utmost secrecy. These cases were from the commercial community.

In connection with the remarks made by Dr. Douglass of patients who spoke the language of infancy only, he cited a case of a lady who, when very young, spoke the Pennsylvania German. Her husband married her when she was eighteen years of age, and was not aware of the fact. Soon after she became insane she conversed altogether in German, so much so that he had to procure for her a German attendant. When he next saw her husband he said to him, "Why, your wife is a German !" "That is not possible," said the husband, "for she can't speak a word of German." "You are mistaken," said the Doctor, "she speaks nothing else, and we have to keep a German girl constantly by her. She can't speak a word of English." The husband returned home, and saw her parents, and they told him she talked in German until she was seven years of age, when she was removed to Indiana.



Dr. Green had not seen a case of general paralysis in eight years. He did not think that those who had notions of immense wealth were all cases of general paralysis. He had seen a number of cases of general paralysis where this peculiarity did not exist.

Dr. Chipley stated that general paralysis was a very rare disease in the West. He had seen but three cases within three years in Kentucky. All were males, of intemperate habits. He had no opportunity of making a *post-mortem*. He thought in the present state of the science, observation had developed nothing in relation to the real character of the disease. "The very paper read this morning," said he, "only goes to show the variety of lesions that may be classed under the one head, general paralysis. There seems to be no uniformity existing between the lesions, and the form of disease."

Dr. Smith thought the pathology of insanity was an important and highly interesting subject for the Association to discuss, and one that had heretofore, perhaps, been too much neglected. The most acute and erudite minds in the profession, who had investigated it, differed widely in opinion. Some regarded irritation the true pathological condition, some exhaustion or nervous exhaustibility, and others congestion, &c. ; but he believed there were very few, at the present day, who attributed the phenomena of insanity to inflammation, in the ordinary sense of the term. All, doubtless, believed inflammation may be a cause of insanity by inducing the secondary pathological state upon which it depends, but the number, he supposed, was very small, who regarded it as the actual condition of insanity. This great contrariety of opinion had, no doubt, to a great extent, resulted from the fact, that *post-mortem* examinations had developed no uniformity in the morbid appearances of the brain. Dr. Workman well deserved the thanks of the Association for his paper. His cases were certainly very interesting and suggestive, and seemed to prove the ordinary opinion,—that general paralysis was associated with or resulted from softening of the brain,—to say the least, was not in all cases true.

Dr. Ray said : "The general questions presented in the paper are of the most interesting character, and as such ought to receive the at-

tention of the Association. We have discussed almost every thing else, and I think now attention may well be directed to the pathological anatomy of insanity. The general questions are: How far the pathological appearances after death may be considered as connected in the relation of cause and effect with the mental symptoms,—the ordinary phenomena of mental disturbance? How far the form of disease which passes under the name of general paralysis may be considered as a specific one; and how far it is related to other forms of disease? It is hoped that the paper will draw out a full discussion of these interesting points.”

Dr. Curwen said: “I have had no opportunity of examining any case of general paralysis, as no cases have died under my charge; though I have had several cases under my care, which have been caused by intemperance and riotous living, occasionally some one from high positions in society. I have now under my care a man regarding whom I have not the least doubt that he has all the symptoms of general paralysis, but he is physically able to be about. The great wonder is that he has been able to hold up under the constant degree of excitement that he is under. He has all these delusions of immense wealth and power, has some hesitancy in speaking, and also a peculiar dragging of the limb. This is the only case I have at present in the institution. This man came from Philadelphia.”

Dr. Hills said: “I have had a few cases of general paralysis since I have been connected with our institution. When I say a few, I mean three or four that were undoubtedly cases of general paralysis, but in no instance have we had an opportunity to make an autopsy. I have two cases now in the institution, the progress of which I am watching with a good deal of interest. They have recently come in, and are from the better walks of society. One is a bachelor, a dentist, forty years of age, a man of most excellent habits in every particular, and I think that has been the case with all with whom we have had to do. The other is thirty-five years of age, and a married man. We have had no females. One of the cases was sent to me from the penitentiary, fifty years of age, who had been diseased for a long time. He had correct habits of temperance, but



was sent to the penitentiary for an attempt at rape on his sister. At other times he was convicted of parricide, and other great crimes, doubtless the result of disease. He died some six or eight weeks after my first knowledge of the case. I was unable to make a *post-mortem*, being confined to my bed at the time."

Dr. Williamson said: "I have a young lady, aged nineteen, admitted about two weeks since, in whom I suspect this disease to exist. Her history was given by her father. It seems she got wet while going to a party, having her catamenial discharge at the time. A severe attack of fever followed, from which she recovered. Soon after she went to another party, and, when nearly to the place, her horse threw her, and she remained insensible for several hours. Physicians treated her, and thought that she had recovered. In the course of a month or two however, it was discovered that she was getting melancholy. She was advised to travel, and was taken from Mississippi to Texas, but after remaining there a few months, she returned. She drags her left leg when walking, and her left shoulder is a little lower than the other, as though she had a slight lateral curvature of the spine. I think that there is some organic disease present, that will result in general paralysis. This is the only case that has come under my observation."

Dr. Worthington had seen a number of well-marked cases of general paralysis in men, and one in a female, but had never had an opportunity of making *post-mortem* examinations. In regard to the character of these cases presenting the usual symptoms of general paralysis depending upon certain well-defined lesions, such as thickening of the membranes, and their adhesion to the cerebral pulp, it appeared there was some reason to doubt whether the connection between the symptoms and the lesions were so constant as to justify their being considered as constituting together a distinct form of disease. In many cases the ambitious monomania, the faltering speech, the tottering gait, with tendency to cerebral congestion are well-marked; in others, one or more of these characteristic symptoms may be wanting, while the disease proceeds to a fatal termination as surely as in the best-marked cases. For instance, a patient may con-

sider himself to be in the best possible health, and possessed of extraordinary mental and physical powers, (ambitious monomania) and present no appearance of paralysis, either in the organs of speech, or in those of locomotion, and yet die in the course of a year or two, from the effects of chronic meningeal inflammation. Another patient may present the tottering gait, and the hesitating speech, of general paralysis, with delusions perhaps of a painful character, and die in a short time, in an attack of convulsions, or apoplexy. Considering the organic lesions in cases of this kind to be owing to chronic meningeal disease, there seemed to be some reason to doubt the propriety of making a distinction between them, and the other class of cases, in which the whole group of symptoms is present. In most cases, the disease seemed to originate in causes which tend to depress the vital energy, and to wear out, or use up the brain. Some of the cases have been temperate in drinking, but intemperate in regard to occupation. One man, a tailor, spent nearly the whole of the twenty-four hours at work at his trade, for several weeks together, and his friends attributed his attack to this cause. The remarkable prevalence of this disease in the European hospitals, is worthy of remark. It has given better opportunities for its study there than in this country, and he believed it was generally attributed to intemperance and sensuality; but there probably remained some cause yet to be explained, to account for the difference in the frequency of its occurrence in Europe and in this country.

Dr. Ray said: "Gentlemen, we have been listening to a paper of some length, consisting chiefly of a record of pathological conditions observed after death. It is suggested as a fair question, How far these facts have any import or value to us, as students of insanity? From a very distant period it was thought that the knowledge of the essential cause of insanity might be learned from inspection of the brain after death. Consequently a great many observations have been made. A large number of observers have recorded certain pathological effects as having occurred in a large proportion of cases; some more and some less. By a few observers it has been stated, that in a small proportion of cases, no pathological change could be



observed after death, and many have been struck with that fact. Esquirol, it is well known, made very little account of these pathological changes in the brain, and he was always inclined to think that the essential cause was something not very obvious to the senses. He dwelt more upon the changes found in the digestive organs than those in the brain. It is always questionable, how far these changes have any thing to do with the essential condition, and whether they are not accidentally the result of some prior change. That suspicion is strengthened by the utter want of uniformity which they present in cases apparently similar in their psychological character. I apprehend that no man, no matter how often he has examined the brain after death, would be bold enough to say beforehand positively what he would find, judging from the symptoms that developed themselves both mentally and physically. It is not only so in general paralysis, but in other diseases where the brain is involved. I have never yet found the man who would stake his reputation as a pathologist upon any such predictions. Well, then, if these pathological conditions are not the cause of the disease, if they occur subsequently, (and I apprehend that no one would venture to say that in the very early stages of disease, an inspection of the brain, if possible, would show us any of these lesions,) of course they must depend upon some prior change. This state of the case obliges us to believe that the initial step is some change in the organism beyond the reach of our senses. The power of minuter examination, which has been put into our hands by the microscope, has led to a great many microscopical examinations of the intimate structure of the brain as affected by disease. These may throw some light on changes which have been regarded as of little consequence. The mere change of color, for instance, although apparently only a matter of appearance, may be indicative of very considerable, essential change of the cerebral substance. Whether any good will turn out from any such investigations, remains to be seen. At all events, I see no reason why we should not pursue them. Every thing that is collected to throw any light upon the subject, even if it shows our own ignorance, is valuable, and deserves to be studied."

“The relation of general paralysis to other forms of mental disease, is a subject which strikes me as one which yet remains to be thoroughly investigated. We have been in the habit of considering it a special disease, and associating it with a special group of symptoms. In a great proportion of cases the symptoms are pretty uniformly those which are attributed to it, and after death you will find more or less organic lesions. It has struck me as impossible to draw a dividing line between the so-called general paralysis and many other cases that would hardly come under that category. I think we frequently see cases where there is no no paralysis, no lesion in locomotion, and no ideas of unbounded wealth or power, but which have a general physiognomy that leads us to say that the patient will not survive long. We may not be able to give any satisfactory reason for thinking so, but we have no doubt respecting the result, and after death the brain shows the same class of lesions. I am inclined to think that the pathological condition in these cases is very like that to be found in general paralysis.”

In conclusion, Dr. Ray urged the younger members, whose sense of intellectual responsibility is supposed to be keener than that of their elders, to look into the subject and see how far its microscopical examinations would throw light upon the disease.

The Business Committee next made the following report of arrangements: That the remaining part of the day be occupied in a visit to the Hôtel Dieu Nunnery, Laval University, Citadel, and Wolfe's Monument. On Wednesday, at 11 A. M., to witness the Drill upon the Esplanade, then visit the Marine Hospital, and proceed to the Quebec Lunatic Asylum, at Beaufort. On Thursday, at 9 A. M., to leave for Grosse Isle. On motion of Dr. McIlhenny, the meeting then adjourned to meet at 8 P. M.

The members first proceeded, under the direction of Drs. Morrin, Douglass, and Fremont, to visit first in order the Hôtel Dieu Nunnery. This institution is under the charge of the Sisters of Charity, Nuns of the Grey order. Patients are required to pay a certain sum per week as board, in order to defray the contingent expenses. The



wards are comfortable, neat, and well ventilated ; in fact its whole management is most excellent.

They next proceeded to visit the Laval University. This institution was founded in 1636, by Monseigneur de Laval de Montmorenci, by whom it was intended solely for the benefit of the clergy ; but in 1854 it was raised by Queen Victoria from the status of a mere seminary to a university, where now are taught all the branches that go to make up a thorough education. The library of the institution contains over nine thousand volumes. It is, taken as a whole, the great institution of the Provinces, and one to which the Canadian may well look with pride.

Next was visited the Citadel, that has rendered Quebec so famous in history. Here they were shown every attention by Dr. Odell. After viewing to their entire satisfaction the many objects of interest in connection with this spot, they proceeded to the Plains of Abraham, and Wolfe's Monument. This monument is situated on the northern portion of the Plains, and consists of a pillar of granite, on the top of which rest a sword and helmet. The place on which this is erected was the spot where Wolfe expired at the battle of Quebec. The inscription on its base reads : "Here died Wolfe, victorious, Sept. 13th, 1759." This monument was twice erected, first by Lord Aylmer, in 1835, and again by Sir Benj. D'Urban, in 1849.

After viewing the various objects of curiosity and interest in the vicinity, the members returned to the hotel in time for the evening session, at 8 P. M.

#### TUESDAY EVENING.

The meeting being called to order by the President, Dr. Workman proceeded to read Part II. of his paper on the "Pathological Anatomy of the Brain in General Paralysis," at the conclusion of which he said :

"I think it is correctly observed by the President, that as a general rule it might be true that the pathological lesions found in autopsies are to be regarded as secondary results, rather than as the immediate transformation of structure in the brain, which is produc-

tive of insanity. I think it is an interesting question for us to ask ourselves, To what extent is disease in the brain compatible with curable insanity? I think in a formidable disease of the brain we have overtopping symptoms which are very distinctive: in general paralysis we have delirium of a peculiar character, and the physical phenomena, in relation to the motor system, are not less so. May it not be a question, if in all instances where the brain is much involved in diseased action, the case is necessarily desperate, and will result unfavorably?

“The President had remarked that it had been the opinion of Esquirol, that insanity was more likely to be the result of reactive sympathy in the brain from disease or disturbance of other organs. In the case, (91st, A. H.,) was it the reflection of a diseased brain? or was it not the normal response of a comparatively healthy brain to the appeal of other suffering organs? Then it may be asked why is not insanity always the result in such cases? After a great deal of observation and consideration I have come to the conclusion that intense disease of the brain is incompatible with an active and persistent form of insanity. Such cases will end speedily, sometimes very rapidly, in dissolution.”

The reading of Dr. Workman's paper was followed by the expression of thanks from almost every one present, but as none claimed to have had any extraordinary advantages in making *post-mortem* examinations, they were only too gratified to be simple listeners of a subject so ably treated of in the lengthy and instructive paper.

Dr. Tyler next read a paper, “On the Use of Anæsthetics in Quieting the Violent Insane,” which gave rise to an interesting and instructive discussion.

Dr. Van Deusen stated that at Utica chloroform was preferred to ether, inasmuch as the latter was so often attended with unpleasant and depressing results.

Dr. Curwen stated that he never had used it.

Dr. Chipley had seen chloroform used in two or three cases prior to the time he took charge of the institution, and was unfavorably impressed with it. He had never seen ether used.



Dr. Smith stated that his experience had been very limited in the use of sulphuric ether, but so far as he had used it, he was pleased with its effects. This subject was brought before the Association, several years ago, by Dr. Ray, and a number of interesting cases presented, showing conclusively, that sulphuric ether had been, in his hands, a valuable and highly successful remedial agent. Since then, his attention had been more directed to it, and his limited experience corroborated the views, then expressed, and those presented in Dr. Tyler's paper. He had never used chloroform, and never expected to use it, as long as pure sulphuric ether could be obtained. He believed there was no well authenticated case on record of death having resulted from the inhalation of sulphuric ether, and regretted he could not say as much for chloroform. As anæsthesia could be as thoroughly induced by ether as chloroform, this fact was sufficient to determine his course in regard to preference.

Dr. Rockwell had used chloroform and sulphuric ether to a moderate extent, and so far had seen no injurious results attending.

Dr. Hills said : " I have had considerable experience in the use of chloroform, but not of sulphuric ether. Previously to my connection with our institution I used it for several years in obstetric practice, and in a variety of circumstances, always with beneficial results. I have never discovered any evil effects from its use, and think I am speaking within bounds when I say, in my private practice and in the institution, I have used from fifty to seventy-five pounds of this article. Probably a large amount of it was unnecessarily lost, for I use it without any stint, yet I do not know but I have a rather peculiar mode of delivering it. I crumple up a silk handkerchief loosely, and pour one or two drams of chloroform upon it, allowing in its use a free admixture of air. In this way the patient breathes a chloroformized atmosphere, in which probably one-tenth or one-twentieth is pure chloroform. I do not think I have used it in any instance but that I have been satisfied with its effects ; especially when I have used it to quiet the violent insane. It is a very rare thing that I produce the full unconsciousness that is required for surgical operations. When I have a patient who is very much exhausted for want

of sleep, when the anodynes have failed to have their effect, I attend personally to the administration of this article. They almost always refuse to inhale it at first, but after a while they receive it more readily, become more and more quiet, then fall into a natural sleep, after perhaps half or three quarters of an hour, and have a quiet night under these circumstances, when I think no other drug would have had that effect. I do not think I could get along satisfactorily without the use of chloroform. I use it most on the female side of the house. Chloroform is used in the Western States, at least ten times as much as ether, and probably in much greater proportion."

Dr. Hills further stated, that in any given case he generally uses from a quarter to half an ounce, but has used half a pound. Of course this is not all taken by the patient; perhaps nine-tenths of it escapes. He referred to a case in which this article was used, where the patient, with general paralysis, was seized with violent and long-continued convulsions. Every remedy was tried that could be thought of, when chloroform was used, and in twenty minutes the patient was perfectly quiet. In convulsive affections of children, it acts like a charm. He thought chloroform was not used as extensively as it might be.

Dr. Bemis stated, that seven or eight years ago he first employed chloric and sulphuric ether. He had never used chloroform. He had used ether in several cases with marked benefit. After it was first employed it had fallen into disuse in his asylum, until within the last year, and he is now using it with very good results. He referred to a case that came under his observation seven or eight years ago, of a very excitable patient, a male, forty years of age, who was passing through one of those terrible paroxysms which tend not only to wear out the patient, but the attendants also. Day after day, night after night he suffered from terrible excitement, defacing his room, and obtaining no rest whatever. "After we had suffered it," said he, "as long as it seemed humane to wait, we one night put him under the influence of sulphuric ether. It left him in a quiet state, so that he slept comfortably all that night, and we heard no more from him until the next morning. He was comfortable during all the early



part of the next day. Towards night he became boisterous again, when the ether was administered, and he passed another quiet night. All the following morning he was comfortable, but becoming excited towards evening, another dose was given with the like result. This we kept up for many weeks. The patient gradually improved, and was finally discharged cured, and has had no trouble since. Ether has been used in similar cases, and with a like result, especially in females, procuring for them a refreshing sleep, and making them pass the next day in a quiet condition. I remember one case, in which the whole trouble of the patient was a fear of dragons, at night. He made us a great deal of trouble, but recovered entirely in a few weeks by the administration of ether. We have used the chloric ether with the same results as have attended the administration of sulphuric. In violent attacks of acute mania, we used it more with a view of its quieting influence, producing sleep, and found the same good resulting. I have in my mind two very bad cases upon whom we could put no clothing, nor give them any bed at night. We tried every means we could devise for comfort and convenience with no good attending, until chloric ether was administered, and the result was gratifying and successful. Lately, within the last two years, we have used it in a large number of cases, some in which it was necessary to procure sleep, and in other cases where it was necessary to produce quiet for some little time. Within two or three weeks, we have had three women, all of whom were passing through violent excitement, and who probably now are on a fair way to recovery. These women became so boisterous, that they would tear off their clothes, deface their room, break glass, &c. They were so bad that no attendants could control them. Ether was resorted to, and the result was truly gratifying. If they waked from sleep, they remained quiet during the day, and sometimes a whole week at a time. They now take ether once in every seven or eight days. These are cases in which we would have had to put on restraints, and kept in strong rooms. In either case, we could not keep them clothed properly, or make them feel comfortable. I can fully concur with the advice and experience of Dr. Tyler, though we have not used it to the extent Dr. Hill recommends."

In reply to a point in Dr. Workman's paper, Dr. Bemis said : " Within a month I have used chloric ether in a case where I supposed there was very severe suffering from the passage of a gall-stone. A female, about eighteen years of age, was admitted into the hospital, three months ago. After she had been there about two weeks. she was attacked with a very severe pain, so that she could not pass her urine without screaming ; yet she kept this fact from us for two or three days. At last I found that she had not during one whole day passed her water at all, from the excessive pain. I explained to her the necessity of discharging it by mechanical means, and after considerable struggle on her part, succeeded in doing so. This did no good, and the pain increased, continuing for three days, making a full week of suffering. The pain was located along the line of the ilium over the ureter of the left side, in a spot which a dime would cover. This pain was so severe, that she would not make an effort to pass her urine. We removed all this pain in about two and a half hours, by the moderate use of chloric ether. After weeks of suffering she recovered almost entirely, until one day she uttered a loud scream, and died in an instant.

" With regard to the use of ether in Bell's disease, I have tried it, and it did not succeed as well in Dr. Tyler's experience."

Dr. Athon said : " I have no experience with ether, but I have frequently used chloroform in operations in surgery, and I have never seen any bad effects attending its administration. I have given it frequently in paroxysmal attacks of insanity, but I am always careful to examine the condition of the heart,—whether it is diseased or not. I do not know why, though I have seen death from its use, attributed to the existence of such disease. I have frequently used it in hysteria, and gave it after the manner described by Dr. Hills."

Dr. McIlhenny said : " For the past two years, I have used both chloroform and ether, but principally the former. I must say with reference to both, that I am very much like the child with the bear ; I am a little afraid to come in contact with them when used as freely and indiscriminately as some gentlemen say they have used both. I prefer chloroform of the two, because I deem it more sedative in



its effects, and it is easier to put patients under the influence of chloroform than ether. I cannot say that in all cases it has been attended with a good result, for in some instances they have been more excited after its use than before. I suppose, like all remedial agents, it has its injurious exceptions."

Dr. Mount said: "I have no experience in the use of ether; have used chloroform in two cases, and I think with benefit. I think we might secure quiet in many cases without it."

Dr. Van Deusen asked Dr. McIlhenny how long the patients were kept under the influence of these anæsthetics.

Dr. McIlhenny stated that they were generally under its influence two or three hours.

Dr. Van Deusen thought this was a longer time than there was need for.

Dr. Choate said: "A case occurs to me at this moment, which illustrates the safety of *repeated* full doses of ether, administered by inhalation. A clergyman was admitted into our institution, suffering under acute mania. He had been exceedingly violent at times for a week before admission, having paroxysms of fury, in which it required several strong men to hold him. His friends had been obliged to confine him closely with irons. A few nights before he came to the Hospital, he escaped from his friends, and ran without clothes, on a winter's night, about twelve miles, falling repeatedly, and bruising himself badly. At length seeing a light in a cottage, he sprang through the window, and falling into the hands of friends, was taken care of. During the first three days after admission, he was subject to paroxysms as often as once in two or three hours, continuing from half to three quarters of an hour at a time. As these continued through the night as well as the day, he nearly wore out our attendants. After each attack his debility was extreme, until on the third day I had great fear of his dying. I found him after the subsidence of one of the paroxysms, pulseless, with a sunken countenance, a cold, clammy skin, and every indication of the most extreme prostration. He revived somewhat under the free administration of stimulants, but I felt confident that he could not survive

another attack of violence. As soon therefore as symptoms of a returning paroxysm appeared, I placed him at once under the influence of chloric ether. He slept quietly about four hours, with an evident improvement in the pulse, state of the skin, &c. Then, awaking, he was soon threatened with the same symptoms of renewed excitement, which as before were averted by a repetition of the remedy. During the next four days, I gave him ether about twenty-five times, each time getting him fully under its influence, and at the same time supporting his strength by the free administration of beef tea and stimulants through a tube. The periods of sleep and quiet gradually increased, and after four days he had no return of violence. Within two or three weeks he returned to his friends entirely restored, and is now preaching. We use always the chloric ether, believing it safer than chloroform, and less irritating and offensive than sulphuric ether."

Dr. Fremont said : " I have used both chloroform and ether pretty extensively in surgical operations, and have never had an accident ; but on the contrary have derived the most gratifying results. I have seen extremely small doses of chloroform produce astonishing results, and then again very large doses produce hardly any effect. Thirty drops were administered to a lady to have a tooth extracted, and the operation was attended with no pain whatever. I infer from this that chloroform has not the same effect upon all individuals. Have never seen it used in cases of insanity. I prefer chloroform to ether from the fact that its action is almost immediate."

Dr. Morrin was inclined to concur with Dr. Hills. He thought that the effects depended a great deal upon the quality of the article used.

Dr. Green said that he had used chloroform and ether both, internally, with very good results. He had never administered them by inhalation.

Dr. Workman thought chloroform was more sinned against than sinning. He said that as to many other potent medicines, the results of their use were sometimes unfortunate, but we must be prepared to meet them. " The Spartans, you know," said he, " taught



their children not to fear stealing, but the being detected in it. That is the case with us. We do not tremble because we sometimes kill, but lest we should be detected in the naughty act. Perhaps it is fortunate for a physician who kills his patient early in the use of potent remedies, inasmuch as he is so much the sooner put upon the alert." He referred to a case occurring in the practice of a gentleman of Toronto, which resulted fatally. That physician, he thought, would probably eschew the remedy for life; and yet he might go on with it all the rest of his life without any disastrous results. In conclusion he stated, that he had not used it in insanity by inhalation, but as a stimulant, internally, in a few cases of spasmodic disorder, and with satisfactory results. He thought that those who most extensively employed any remedy were best qualified to describe its merits, but on the other hand it was often found that those who used it to a very limited extent found fault with its results. What fair pretensions to just criticism can the latter be allowed to have? Such was his own position, therefore he declined the task of laudation or censure.

Dr. Tyler stated that he was very much gratified with the discussion that had followed the reading of his paper. In referring to the fact noticed by Dr. McIlhenny, the period of excitement that followed its use, he said it was common enough in the first stages of its administration, but his experience was, that this excitement will be merged into a peaceful somnolence if the etherization only be carried far enough. He preferred ether, on account of the number of accidents that have followed the administration of chloroform. On the first introduction of chloroform in this country he had inhaled some himself, and suffered severely from it, with all the symptoms of congestive affection of the brain, which had prejudiced him somewhat against it.

The Association then, on motion of Dr. Van Deusen, adjourned until Wednesday morning, at 9 A. M.

#### WEDNESDAY MORNING.

The meeting was called to order this morning at the appointed time by the President, and after the reading and approval of the

minutes of the previous meeting, the Secretary read a letter from Dr. Cutter, expressing his regret in not being able to attend the meeting.

Dr. Tyler then made some eulogistic remarks in reference to Dr. Chauncey Booth, who had deceased since the last meeting of the Association. Having suffered for some time previous with phthisis, his symptoms were aggravated and complicated during the last year; and while they gave him no great amount of suffering, still they annoyed him much in attending to his daily duties, which he performed till near the close of life. He had no fear of death, for his anchor was cast within the vail. He met the monster without any fear, without any disturbance of mind,—

“Like one who wraps the drapery of his couch  
About him, and lies down to pleasant dreams.”

Dr. Ray, in reference to the same, then said: “It is a pleasing and profitable duty to pay our tribute of esteem to the memory of those who have signally honored themselves, and their profession. Dr. Booth was one of this class, and few are more competent to bear testimony to his excellence than I am, by means of seventeen years of intimate acquaintance. In the spring of 1841, he was appointed by the Governor to the temporary charge of the Insane Hospital at Augusta, Maine, of which he had been the assistant physician. On my own appointment to the place a few months afterwards, I had every reason to be satisfied with his management, which even then bore marks of that executive talent for which he was particularly distinguished. Two years afterwards he was selected by my friend, Dr. Bell, for the place of assistant physician in the McLean Asylum, which he held until 1857, when he succeeded Dr. Bell as Superintendent. These were the few events of his life; but seldom does a man depart, of whom it could be more fitly said, ‘Well done, good and faithful servant!’ Although not particularly fond of intellectual pursuits, yet he possessed a clearness of perception, and an unerring sagacity not always evinced by men of more brilliant intellect. The only report he ever made showed, that, although he had written but little, it was not from a want of the requisite material. But it was



in his rare executive talent—the talent for administering the practical affairs of an establishment for the insane—that his strength chiefly laid. No detail of the service, however small, escaped his observation. Deficiencies and irregularities were promptly detected and corrected. The merits and demerits of his subordinates, their strong and their weak points, the exact measure of their capacity and fitness, were readily discerned, and censure was administered so as to give the least possible degree of offence. In short, nobody more correctly estimated the requirements of such service, and no man knew better how to get them fulfilled. His excellence in this department of his duty proceeded chiefly from his knowledge of character. It was remarkable that one who had so little miscellaneous acquaintance with the world could discern so readily and accurately the springs of conduct, the ruling passion, peculiarities of manner, and modes of thinking. This trait gave him an immense advantage, in his intercourse with the insane, over others less happily endowed. He seldom failed to discover, through all the obliquities of disease, some normal opinion or sentiment which might be profitably addressed, in the process of restoration. His manner towards the insane was peculiarly calculated to win their confidence and regard. His frank and ingenuous mode of address put them at ease. He listened to their tedious narratives with unaffected interest, promptly fulfilled his promises, and thus impressed them with the conviction that they had found in him a friend and protector. Among his mental qualities was a strong sense of the humorous, especially manifested in the association of grotesque images. This quality he used with the happiest effect in dealing with his patients. Many a fit of ill-humor, many an explosion of wrath, many a strain of repining was arrested or abbreviated by some sally of his peculiar humor. But it was the moral character of Dr. Booth on which his friends will most delight to dwell. A man farther beyond the reach of unworthy motives it would be difficult to find. He never betrayed a trust, and never allowed any selfish consideration to abate one jot or tittle the rightful claims of duty. Of every thing in the least degree like duplicity or shuffling, he was as innocent as the youngest child. On the Sunday

after his death, his minister, who knew him well, and who has since joined him in the world of spirits, preached particularly in reference to him from the text ; ‘ The Lord said unto me, What seest thou ? and I said, A plumb-line.’ And surely, if there ever lived a man whose rectitude could be likened to that of a plumb-line, it was Dr. Booth. He was patient of labor, never sparing himself, even when suffering with an amount of bodily ailment which would have reduced most men to complete rest. His manners were of the kind which inspire confidence, and put the stranger at ease ; simple, easy and frank, and utterly devoid of parade or affectation. With qualities like these he was eminently fitted for the post at which he died. To those engaged in the same service, his character and career furnish many a useful lesson, and God grant, that when we come to our final account, we have as little to regret as our departed friend.”

Dr. Jarvis stated that he had known Dr. Booth since 1843, familiarly. He had found him uniformly kind, affectionate, honest, reliable ; and he had lost a friend who could not be easily replaced.

Dr. Rockwell stated that he had known the deceased for many years, and he could bear ample testimony to all that had been said in reference to him.

On motion of Dr. Harlow, the Secretary was instructed to form the remarks into some convenient resolutions, the same to be sent to the widow of the deceased.

Dr. Tyler then offered the following, which was adopted :

“ *Resolved*, That the death of Dr. CHAUNCEY BOOTH is felt to be an irreparable loss to this Association, and that we offer to his family our sincere sympathy and condolence in this our mutual bereavement.”

On motion of Dr. Choate, the following gentlemen were appointed a Committee to draw up resolutions : Drs. McFarland, Choate and Green.

Dr. Rockwell then read an interesting paper, of which the following is an abstract, “On the General Characters of Epilepsy connected with Insanity.”

He introduced the subject for the purpose of learning the views of



the Association on this difficult disease. He mentioned the usual premonitory symptoms, only a part of which attend any individual case. During the seizure, the consciousness and sensibility are suspended, the voluntary muscles are convulsed, and coma accompanies and follows the paroxysm. In severe cases, the consciousness is so entirely suspended, that no sensation is produced by the most powerful applications. After a certain time, the symptoms gradually disappear, and the patient returns to his natural state.

Epileptics are sometimes seized with a fierce and maniacal fury after these paroxysms, which makes them extremely dangerous. At these times they often manifest a murderous propensity, which is truly horrible.

By the constant repetition of the paroxysms in ordinary seizures, there is a gradual tendency to dementia. According to Esquirol, this dementia is more often connected with the attacks of vertigo, than the full epileptic seizures. He says they have a more energetic action. They may last only a few seconds, or they may continue several hours. The length of the intervals between the attacks is also very variable. The seizures may occur several times in a day, or they may not return for months or even for years. Some have supposed they sometimes returned at certain phases of the moon. Esquirol, who had great opportunities for witnessing this disease, says that he has never observed that the attacks were more frequent at any one phase of the moon than at another.

Some persons are seized with the paroxysms during the day, others only during the night, and others both night and day. Sometimes those who are seized at night, have them much oftener than is suspected.

Persons of a susceptible temperament are more liable to this disease than others. Hence women and children are more frequently attacked. Blows or falls on the head, excesses in eating and drinking, enfeebled and scrofulous constitutions, and indulging in violent passions, predispose to this disease.

This disease, though strongly resembling some others, may easily be distinguished from them. It may be distinguished from hysteria,

by the absence of the *globus hystericus* ; and the countenance is not so distorted. The history of the disease in the intervals, will also assist in forming the diagnosis. Besides, in hysteria the consciousness and sensibility are not so affected, and the attack is not followed by coma and fatigue.

Apoplexy differs from epilepsy by the stertorous breathing, and by the pulse being less affected. The history of the case, and the almost entire absence of the convulsions, enables us to distinguish between the two diseases.

In children, when the disease is owing to disorders of the digestive organs, it is frequently cured ; but in adult persons, and especially when the case is complicated with insanity, a radical and permanent cure rarely takes place.

The physician is frequently called suddenly to cases of this disease. The first indication is to see that fresh air have free access to the face, and that every thing tight about the neck and chest be removed or loosened. The head and shoulders should also be elevated. When there is unnatural heat of the head, cold affusions may be serviceable, but should the head become cool, they should be discontinued. If the extremities are cool, warmth or fomentations may be applied. Great care should be taken that the patient do not turn on his face during the paroxysms, especially if the seizure be in the night.

In sympathetic epilepsy the great indication is to remove the disorder on which the epilepsy depends. Sometimes the frequent repetition of the paroxysms will so predispose the system, that there will be a return of the paroxysm after the disease which occasioned it is removed.

There are a few cases in which surgical operations may be deemed proper. For instance, trephining the cranium when the injury and disease of the bone is well marked and circumscribed.

Persons subject to this disease should guard with great caution against the excitement of the passions, and their friends should also endeavor to keep the patient as quiet and cheerful as possible.

Of all the means to cure and prevent this disorder, perhaps the proper regulation of the diet is of the greatest importance. The



food should be nutritious and easy of digestion ; too great a quantity should not be taken at any one time. Moderate exercise in the open air will be beneficial. The patient should have regular sleep at night. Sometimes traveling and change of scene will be of service, by improving the general health and diverting the mind.

The treatment in general should be such as will tend to promote the general health, and restore every part of the system which may be diseased to its healthy functions.

The reading of this paper called forth a very interesting discussion, which was commenced by Dr. Choate, who said that he was in the habit of looking upon epilepsy connected with insanity as affording no hope for successful treatment. Whenever a large variety of remedies were vaunted as certain cures for any disease, it might be taken for granted that there was *no* cure. This was eminently the case in the disease under consideration. He thought that quiet, and a proper regulation of the diet, were about all the means we could use to *mitigate* the disease. He had tried the acid treatment in two chronic cases occurring in young people ; one aged fifteen, and the other eighteen. They had been long subject to epilepsy, and their mental powers were more or less impaired. He had used in these cases an acid bath, containing half an ounce of the nitro-muriatic acid to a gallon of water, causing them to remain in it half an hour daily. At the same time ten or twelve drops were administered internally twice a day. In one of these cases there was an immediate and decided improvement. The boy, who had had very frequent attacks for years, rarely passing two days without them, soon had intervals of from one to two weeks. His general health and intelligence improved considerably, and he gained much in flesh and strength. In the other case no marked effect was noticed. It had occurred to him whether the improvement which followed this and other modes of treatment in some cases of epilepsy, should not be attributed to the fact, that the patients received greater attention, and were watched more closely, in consequence of being under treatment ; were kept more quiet, and their diet more strictly regulated ?

Dr. Green looked upon the treatment of epilepsy as an “ *opprobri-*

*um medicorum.*” He had had a good deal of trouble, within the last twelve years, with epileptic patients, and during that period he had not seen three insane epileptics that were restored. He had tried almost every system of medication, but with unsatisfactory results. He thought however that some benefit was derived from the use of the valerianate of zinc, along with the acid treatment. Had seen no cases recover by the acid treatment, but they were almost always alleviated. The three cases referred to, were of less than a year’s standing, and each was retained in the institution during the whole of one year after the fits had ceased to recur. They were still all doing well. He had seen in general practice recoveries in half a dozen cases. They were caused either by indulgence in a fit of violent passion, or intoxication in individuals who had been unaccustomed to drink. He referred to one case, resulting from the indulgence of passion, which was so violent that it required six strong men to hold the patient. In another instance, he was called up one morning to see a young girl, who had been brought from the country for purposes of prostitution. She had taken a great amount of liquor for the first time, and as the result, went into violent convulsions. In both these cases he used the cold douche to the head, until the convulsions ceased. This was followed by the administration of purgative medicines.

Dr. Workman said : “ I have tried the usual remedies, and with very similar results. Like all the rest of our body, when I got hold of one remedy I used it until I was tired. Attaching great importance to the state of the digestive apparatus, I used purgatives pretty freely, until I found out the evils resulting from the irritation, when I entered my protest against them. I tried the valerianate of zinc, and with the same results that have attended others ; also asafœtida. With each revival of a remedy, we make a new round of experiment, to end in failure. I think these revivals in medicine, are very like those in religion. Popular appetite demands them ; but their permanent good is very trivial.”

Dr. Chipley said : “ My experience in the Asylum has been most discouraging. I have not within a few years back had a single recent



case. They are old cases mostly, and a large proportion are in the last stages. I have tried every species of treatment, and in some instances I flattered myself that the remedies had some favorable effect. Sometimes the paroxysms would not make their appearance for six or eight months at a time, yet they have recurred invariably. Then there was no plan I could put them on that had any effect that was permanent. When I was a younger man, and in general practice, on several occasions I thought certain plans of treatment had proved effectual with me. In several instances there was no return of the paroxysms for a period of nearly three years, yet they would recur again, and then no plan of treatment seemed to have any effect whatever. I can not say, of the large number that I have treated, that any permanent good has been the result.

“There is a case now in my institution, of an inmate for many years, who was severely affected with epilepsy. The attacks ceased under treatment for a period of twelve or fifteen years, but they are now recurring with considerable severity, and are rapidly exhausting the patient. I have had flattering hopes of various modes of treatment, but cannot say that I have fixed upon any particular one as a favorite.”

Dr. Hills said : “In relation to epilepsy in connection with insanity, I have very little information to impart, except perhaps upon one point. In those cases where the epileptic seizures are present through a number of hours, as a means of mitigation I have been in the habit of using chloroform, and I believe it is about the only means I have found useful in checking them.”

Dr. Fremont said : “My experience in epilepsy is any thing but cheering. I have seen a vast number of cases, but I can not say that any treatment has served, certainly. I have seen them subside only to recur again.” He referred to the case of a man who was seized with a fit whenever he attempted to pull his shirt over his head. They at first recurred frequently, until the person finding the cause of the trouble kept his shirt without a change, during the whole of which time he had no fit whatever. Finally he escaped the attacks by having his shirt slit up the side, and changed side-

wise. In conclusion he referred to the effect of animal magnetism upon epilepsy, which seemed to him to have given the only satisfactory results in adult patients, where no *evident removable cause* could be discovered. He gave the history of a case, amongst others in his practice, where the patient, a young lady about eighteen years of age, had had attacks for several years, which of late had become very frequent—indeed daily, and sometimes two in the day. As soon as complete influence had been obtained over her by animal magnetism, they ceased altogether. On one occasion the operator was requested to come to her, to ward off an apparently impending attack. He was, at the time, suffering from violent neuralgic headache, which seemed to be wholly communicated to the epileptic patient, to the entire relief of the doctor. This young lady seemed to have perfectly recovered; was subsequently married, and has since had several healthy children.

The President, at this stage of the proceedings, read the arrangements of the Business Committee, as follows :

First to visit the Esplanade, next the Marine Hospital, by invitation of Commissioner Sewall, and afterward the Quebec Asylum, and the Falls of Montmorenci.

The time having arrived to act upon the above, on motion of Dr. Tyler, the discussion was laid upon the table; and on motion of Dr. Hills, the meeting adjourned until 8 P. M.

The Association then proceeded to the Esplanade, to witness the field-exercise of the Thirty-ninth Regiment, after which they proceeded, in coaches, to the Marine Hospital, through which they were conducted by Commissioner Sewall. This Hospital was commenced in 1832, and was completed in 1834. The institution is supported by a tax of a penny a ton on all vessels arriving from sea, and a proportion of the tax upon emigration. It is designed for sailors principally. The wards are spacious and well ventilated, and in fact it has all the requirements of a hospital designed for the comfort and proper treatment of the patients. It has accommodations for about six hundred and twenty patients. The exterior of the building is of limestone, and is of the Ionic order of architecture. The



whole premises cover an area of six acres. After being shown through all the wards, and expressing themselves highly satisfied with the arrangement and management of the institution, the members proceeded to the Asylum at Beauport.

The Asylum occupies a beautiful site, commanding a magnificent view of Quebec, and the basin of the river. The grounds, which are laid out with most exquisite taste, cover an area of about one hundred and forty acres. The residence of one of the superintendents, Dr. Douglass, stands in front, while the buildings of the Asylum are in the rear. The floors of the Asylum are throughout of plank, laid edgewise. The beds are so constructed, in two parts, that they can slide longitudinally upon each other, by which means they are made when not in use to occupy one half their usual space. The linens and bedding are all made to order, and marked for the Asylum. The kitchen arrangements are most perfect, most of the cooking being done by jets of gas. The water-closet arrangements are exceedingly simple, consisting of a simple, long, wooden trough, through which a large stream of water runs, which at any time can be arrested by a large, wooden plug ; the advantage of this over the other more complicated arrangements, consists in its being less liable to get out of order.

After viewing every thing of interest in connection with the Asylum, they wandered through the beautiful grounds of Dr. Douglass, and then sat down in the dining-hall, to a bountiful collation, furnished by the superintendents of the Asylum. At the head of the table, at one end of the hall over the mantel, were festooned the American, English and French flags ; while at the table a band of musicians, some six or eight in number, composed of the employees of the institution, favored the guests with some beautiful German airs. At the conclusion, when ample justice had been done to the elegant repast, Dr. Douglass arose and said :

“ MR. PRESIDENT, AND GENTLEMEN : I have merely to say, in behalf of my colleagues and myself, that I am very glad to see you. I quite coincide in opinion with Dr. Ray, that these annual re-unions are productive of great good. Thirty years ago had any one predic-

ted a meeting of such men as are here assembled, in such a place, and under such peculiar circumstances, he would been looked upon as visionary, or as a fit candidate for the lunatic asylum. Great changes have taken place since then. Steam, the telegraph, and the rail-car, have made us better acquainted. Our views and ideas were formerly warped, and transmitted through media very much distorted. For the great improvement in the treatment of the insane in this Province, we are mainly indebted to this Association, also for valuable suggestions in regard to the best mode of warming, ventilating, and the general management of institutions for the insane. Whatever may be said of the "right of search" elsewhere, I am free to surrender that right to you now, so far as we are concerned. We accord this right to you with as much freedom as when, on our visits to *your* institutions, you conceded to *us* the right and privilege of visit and search."

Dr. Ray, in behalf of the Association, replied as follows : "GENTLEMEN : We were confident of a welcome reception, because we knew it was impossible to come with stronger claims on your regard. The circumstances under which we meet are somewhat peculiar. Here in this interesting old city, where our fathers once strove together in deadly contest for the mastery of an empire, we have come on a mission of humanity, with no feelings but those of peace and good will. Their object was to do each other harm ; ours, to do each other good. Science, especially the science whose immediate object is the alleviation of human suffering, is no respecter of countries. It knows neither North nor South—neither Celt nor Saxon. It promotes fellow-feeling and mutual respect among men, as no other object can. Nations are no longer strangers and aliens to one another in which the men who are engaged in investigating the laws of nature, and promoting the cause of humanity, are acquainted with each others' pursuits, and meet together for the interchange of ideas, and the knowledge of one another. The kind of feeling thus engendered will do more, I verily believe, to prevent collisions, than any other single agency whatever. In the spirit of these views we have come together in what, to the most of us, is a



strange and foreign land, but where the peculiar nature of our calling, as well as the cordial welcome we have received, make us feel at home."

Both these speeches were much applauded at the conclusion.

The party next proceeded to visit the Natural Steps, and thence to the Rapids. The scenery around was beautifully wild and picturesque, and the company were unanimous in their expressions of pleasure and astonishment.

Next in order was a visit to the famous Falls of Montmorenci. The waters have a fall of nearly 80 yards; the breadth of the stream at the brink being about 25 yards. The velocity of the descent is greatly increased by a gradual declivity for some distance above. From this spot a beautiful view of the city of Quebec presents itself, and quite an extensive view of the River St. Lawrence. The members tarried here for a long time, enjoying one of the sublimest sights in the Provinces, and then betaking themselves to the carriages, enjoyed a delightful evening-ride to the hotel.

So few of the members were present at the appointed time for meeting, that an adjournment was agreed upon until 9 o'clock of the following morning.

#### THURSDAY MORNING.

The Association being called to order by the President, the minutes of the previous meeting were read and approved. The discussion of Dr. Rockwell's paper on epilepsy was resumed.

Dr. Harlow said: "The subject of epilepsy is an interesting one, and one in which we have had considerable experience. It is connected with a class of cases that are most troublesome to manage or relieve, and most unfortunate in their results. So far as my experience goes, I have never found any thing that would do more than alleviate the disease for a time. The various new remedies which are daily springing up for its cure, seem to relieve only temporarily. Their principal effect seems to be, to inspire new hope of recovery in the minds of patients, and thereby ward off attacks. We have tried the acid treatment, but not with any satisfactory results."

Dr. McFarland thanked Dr. Rockwell for his interesting paper, and thought that he deserved praise for thus bringing the paper before the Association. He knew that it was customary to dodge the question, the same as we dodge the patients. He believed that it was a subject that ought to be attended to. He was somewhat surprised that during the whole discussion no allusion was made to the class of cases known as epileptiform attacks—cases where every thing but the fit is wanted to decide positively that epilepsy exists. These symptoms almost always precede the true epileptic seizure.

He stated that epilepsy was a disease of antiquity, in connection with which remark he referred to the great painting of the Transfiguration by Raphael, in which he saw the true epileptic countenance in the face of the demoniac boy. So striking did he think the resemblance to be, that he thought the artist must have studied that peculiar countenance of epileptics.

Dr. Tyler referred to the case of a young man, a New Englander, who went West, and suffered from miasmatic fever. He would have an attack of epilepsy on the average every three weeks. Quinine was administered, which checked the fever, and cured the epilepsy.

Dr. Williamson said that he had tried zinc and acid, but neither had with him been productive of any good.

Dr. Ranney said: "During the last twelve years our number of epileptics has been probably about twenty-five. Besides the ordinary modes of treatment, I have adopted those recommended by several of our recent writers upon epilepsy. Five or six years ago I attempted to carry out the course recommended by Solly, who advises the administration of digitalis in large doses. This treatment I continued for some months. The results seemed rather favorable, the paroxysms were of less frequent occurrence, but no permanent cures followed. The principal thing of which I became satisfied, was the fact that digitalis did not possess the cumulative property so frequently ascribed to it. In several instances I tried the mode of treatment recommended by Dr. Horace Green, the application of the nitrate of silver to the throat; but no permanent good result followed. While Dr. Marshall Hall was in this country, he passed one day in examin-



ing our epileptics. He recommended the use of alkalies, which I have tried, and also advised that the patient lie at an angle of forty-five degrees, which I could not well carry out. Within the last three or four years I have adopted the course recommended by Radcliffe, who advises the use of tonics, quinine, &c., and also that of M. Herpin, a French writer, who prescribed the sulphuret of zinc in doses of from five to fifteen grains, daily. I have not seen a case in which recovery was complete, although in many instances the medicines have acted favorably for a time."

Dr. Athon said: "My opportunities for the treatment of epilepsy, followed by insanity, have been very limited. Our law, or rather, our custom is to refuse all epileptic cases. The law in our State considers that epileptic insanity, or insanity following epilepsy, is incurable, and designates the cases that we shall receive. Our institution is a hospital for the cure of insanity, and not an asylum. Consequently I have had little opportunity of treating such cases. However, we have patients sent to us sometimes who are laboring under epilepsy, and it is not known to those who make the inquests. I have had considerable experience in the treatment of epilepsy in general practice, and I must say that I never found an epileptic who did not exhibit some symptoms of insanity, either before or subsequent to the attack. I am sure I have not seen one without illusions or hallucination. Many of them have the delusions mentioned by Dr. Rockwell. I am sure that Napoleon, who was said to have been an epileptic, had illusions of this kind. He always supposed that he had a star which guided his destiny.

"In the treatment of these cases that I have had in the institution, I do not know as I have used a better remedy than chloroform. For a time this seems to mitigate the violence of the disease. I have tried the nitrate, and oxide of silver,—and I do not know as they did any good. I look upon insanity connected with epilepsy, as incurable; and do not think we have succeeded in any thing but in relieving it temporarily. Before these cases have been long in the Hospital, the Commissioners issue an order for their discharge. I find that the stimulating purgatives, about the time that we anticipate the parox-

ysms, are among the best of our remedies in mitigating the paroxysms at the time. At the last session, I referred to a case of epilepsy which was peculiar in the respect that whenever the patient masturbated, an attack followed. By the use of the douche and camphor, I was enabled to relieve him, and he eventually got well."

Dr. Ray said : " Between epileptiform attacks and unequivocal epilepsy, I doubt whether there is any ground of distinction as to their pathological condition ; and in fact most writers on the disease are inclined to consider the epileptiform attack as serious and as fatal in its results as the more severe form. Indeed, they run into each other in different cases, and in different stages of the same case. You may have a case of epileptiform disease ending in epilepsy, or epilepsy ending in epileptiform disease.

" In relation to the hereditary character of the disease which has been alluded to, I think there can be no question that in a very large proportion of cases, that it is a well established fact, that hereditary predisposition exists ; still, this is not necessary, any more than in insanity."

Dr. Curwen said : " All our cases are chronic, and connected with insanity. I have done nothing more than palliate. Our usual practice is to carefully regulate the diet, and keep the system in a correct state. By these means the violent paroxysms are alleviated. I have not tried any of the remedies that have been referred to, for the simple reason that I did not think I had a case where the administration of them would be attended with any good result."

Dr. Curwen also stated that he wished to call the attention of the Association to a new remedy for masturbation. He had treated a large number of such cases, and though he derived much benefit from the combination of conium, iron, and lupuline, yet by the addition of dulcamara in extract, the result was much more satisfactory. His attention had been called to it by the fact, that where it had been used in certain diseases of the skin, the patients complained that a complete loss of virile power was the result of its continual use. He had continued the use of this medicine for six or nine months at a time, and in some cases as long as two years, and found a very



decided benefit resulting. It had removed the habit entirely ; that is so far as any observation could be brought to bear in regard to it. At all events the improvement was very great. He could call to mind a great many gratifying cases, and in this connection referred to that of a boy who was extremely addicted to the habit, had the unpleasant symptom of livid extremities, and in fact it was the worst he ever had in the house. This one was put upon the above treatment for fifteen or eighteen months, and improved rapidly ; became active, and his mind showed signs of restoration—a point which he never expected to reach by any treatment.

Dr. Bemis said : “ Epileptics I regard as the most troublesome class of patients admitted to an asylum. When admitted they are generally very much worn out. They are usually kept in the family until there is no hope for them, when they are removed to an asylum to relieve the friends of a burden. I suppose at our institution every thing has been tried. Previously to my connection with it, which has been for ten years, I know by a reference to records that every thing had been done that any writer had spoken of. I believe that not a few cases had subsided, but were not discharged as recovered. There had been three or four cases in which a milder form of epilepsy existed, of patients who had apparently recovered, though they were not discharged as cured. In these cases there was no disturbance of the mental phenomena.

“ The great portion of all our cases have been those poor demented people who have been epileptic from the commencement of puberty, and have been kept in their families until they have become like helpless idiots. When we have twenty-five or thirty of such patients in a hospital, it is worth while to try to relieve them. We have no separate ward for them, and they are classed somewhat according to the condition of their families.

“ We at one time commenced the administration of nitro-muriatic acid internally. We had one patient who had been epileptic from the commencement of puberty, had been to Groton, and other places, and was said to have been cured at each and all of these ; but her mind was gradually sinking, and she was becoming slowly dement-

ed. At each attack there were manifestations of a good deal of violence and mania. These were gaining upon the patient until she was twenty-six years of age, when she was sent to the Asylum. The record of her case by Dr. Lee showed her to be to all intents and purposes an idiot, and that she was addicted to masturbation. She was unable to sew, do any duties about the house, was unable to sit down, or even to keep her bed. Her case was at once pronounced to be a hopeless one. Every attack was more and more severe, and for the last two or three years previous to her admission she had been in this hopeless state of idiocy. She was put upon the nitro-muriatic acid treatment, with a proper attention to regimen, and from this condition she improved in general health; her fits occurred less often, and after some slight attacks she had no fits for some four or five months, and from this hopeless state she was enabled to be of some use in the ward. She mended clothes, habits of daily industry recurred to her, and she was enabled in a measure to enjoy the pleasures of life. This patient died of pulmonary disease, without having another attack. We kept her until she died.

“A patient who had been subject to epilepsy as long as the one before mentioned, was sent into the Asylum last April. He had had epilepsy since puberty. He was, on admission, thirty years old. He was enabled to occupy a place in a store until some time previous to admission, when his attacks became so frequent that he was unable to attend to business. He was placed upon the acid treatment. This patient was very abusive in the lucid intervals. He would have one attack for a week or nine days together, being most of the time unconscious. While in this unconscious state he was exceedingly active, and had paroxysms of extreme violence. He would at times make his escape from his room through the ventilating space. It is now fifty-seven weeks since he has been upon the nitro-muriatic acid treatment, and he has had no attack whatever, night or day, and is gradually improving all the time. He is now able to make himself generally useful about the wards.

“In connection with the acid treatment, I have paid particular attention to the digestive organs. I have noticed that attacks are



more frequent on Monday than any other day, in consequence of partaking freely of the New England dish of baked beans, the day before."

In answer to a question from Dr. McIlhenny, Dr. Bemis said that the baths were used daily, until they produced some sensible effect upon the skin, when they were omitted for three or four days until an epileptic attack was feared. In some cases large pustular eruptions on various parts of the body resulted, when the baths were dispensed with until they were healed. He then continued :

"It does not seem strange that such effects are produced when we take into consideration the amount of substance acted upon,—thirty feet of intestine, and the whole surface of the skin. What led us to adopt this treatment, was the report made of some cases in *Braithwaite's Retrospect*, by Mr. Hunt. In his cases there was no connection with insanity. Our cases have been fully as striking in their results as were his. When I first heard of this treatment I thought it would not be attended with any benefit, but I decided to try it upon some recent case. None of these presenting themselves, I placed some half-dozen old cases upon that treatment, and the result you have heard. I believe that the theory of Mr. Hunt is that epilepsy is caused by a *materies morbi*, which in its nature is alkaline. Hence the indications for acids. With epilepsy unconnected with insanity we have very little to do. I know of two or three recent cases not under my treatment, but of whose character I know something. These are unconnected with insanity. One is that of a boy fifteen or sixteen years of age, who had, for a year or more, attacks once a month, until last September. This boy is treated wholly by purgatives, is able to hold his place, and is fast recovering."

In this connection, Dr. B. referred to a patient who had a peculiarity in the aura of epilepsy. He experienced a sensation of cold air rushing up his rectum, to the distance of five or six inches. This, at each seizure, was treated successfully by the introduction of a speculum, through which cauterization was applied to the point reached by the aura. The patient was recovering.

In conclusion, he stated that he had no faith in the permanent cure of epilepsy. He thought patients might be free from the attacks for years, yet sooner or later the attacks would recur with more frequency and severity, until they were left poor, miserable, demented beings. He regarded the nitro-muriatic acid treatment, with a proper attention to the diet, as a means of palliation little short of a cure. At all events, by this treatment the patient was rendered more comfortable, the patients around him were better satisfied, and upon the whole a great point was gained.

Dr. Bemis said: "I have in my mind now, the case of a young man who used to be my playmate, and since his fifteenth or sixteenth year has been afflicted with slight epileptic seizures. These grew upon him, showing pretty plainly that he was becoming gradually demented, until he was twenty-two or twenty-three years old, when he married a very intelligent young lady, and since that time I have not heard of his suffering from any more fits. His wife has been dead a year or more, but what will be the ultimate result I am unable to conjecture. In this case there was no general treatment for epilepsy. His marriage was regarded by his friends as a very unwise step."

Dr. Workman said: "I have listened to the discussion with very great interest, and think I have derived a good deal of instruction from it. My cases have been very much like those detailed by Dr. Bemis; that is to say, I have cured them all to death. Some have apparently recovered, and gone home, but only to return again. Not long ago, I admitted a patient whose certificate did not say that he had epilepsy. Before the next morning I discovered the characteristic marks of old tumor of the ear, and he had an epileptic attack. I asked him, 'Were you ever in an insane asylum before?' 'Yes sir, fifteen years ago, in Dublin.' I dare say this man's recovery was considered as a case of epilepsy cured. I do not however flatter myself that I shall witness a repetition of the happy result.

"I have made several *post-mortems* of epileptics who have died in my time. The majority die in the night. In one case, a patient was heard to give a violent scream, but before the night-watch could



get to him, he laid over on his face and died. In all the cases, the stomach was found very much overloaded. I recollect one case of a French boy, who had been out working at raising turnips, and had eaten very heartily. At the autopsy, the residue of three undigested meals was found in his stomach. He was exposed during the day to sharp cold ; this probably prevented assimilation, and the two causes operating, he went to bed and had a fit. I think we very rarely have a central, organic cause. I think in almost every instance you will trace the origin of the paroxysm to some nervous reflex influence, and it would be of great importance to seek out these functional disturbances. I have tried the muriatic acid treatment with the same result as in Dr. Bemis' cases. I give purgatives only of the mildest form. The irritation caused by drastic purgatives has a very injurious result upon the epileptic paroxysms."

He remarked that Dr. Bemis had noted the bad effects of pork and beans. He had himself noticed that the eating of English plum-pudding by some of the patients on holidays, was followed by an attack of epilepsy. He was forcibly struck with the case mentioned by Dr. Fremont, of a man, who had an attack every time he attempted to take off his shirt. He thought it was due in that case, to reflex nervous action, and that nine-tenths of all the cases resulted from this source. He had been accustomed to ascribe many of the cases to a gross indulgence in masturbation. Certainly it would be found that a majority of asylum-epileptics were addicted to this practice. He had frequently met with epileptics who screamed. Some gave a single scream, and others a series of them, much like a locomotive-alarm. He referred to the case of one man, who had a frontal depression, who would utter a dozen screams in succession, and then jump up three or four feet. This man was grossly addicted to masturbation, and was sometimes very dangerous.

Dr. Roekwell said : "In cases of epilepsy connected with insanity, I must confess my success has been very small. I must at the same time say, that very much can be done to mitigate these cases. I have tried many, in fact, almost all the modes of treatment that have been mentioned here, and with very nearly the same

success. In regard to the acid treatment, I have not pursued it to the same extent as the other physicians, but have found it beneficial in those cases where coolness of the extremities existed, by bathing them with it, thereby producing warmth, and equalizing the circulation. Nitrate of silver tends to allay the irritation, and prevent the paroxysms for a time, to such an extent sometimes that we almost flatter ourselves that a permanent cure is the result.

“Some cases are christened epilepsy, which in reality are nothing more than hysteria. In these cases we seldom fail of a good result. I have seen some very beneficial results from the use of the spirits of turpentine. This is very unpleasant to take. I have succeeded better with balsam of fir. I have seen considerable benefit from the external use of spirits of turpentine to the spine. In regard to the use of drastic purgatives, I am very much of the opinion of Dr. Workman. I know in epilepsy there is frequently a tendency to constipation of the bowels, in which cases laxatives are indicated. In these cases I am always careful that there shall be a movement of the bowels every day. For this purpose the milder the laxative the better, if it produce the effect.

“I consider irregular hours for meals and sleep very injurious to epileptics. Their food should be nutritious and easy to digest, and the quantity should be measured out to them. A great deal depends upon the regimen in these cases. When the epilepsy is sympathetic of some other disease, we must remove the source of irritation, if we hope for any alleviation of the epilepsy. Regular sleep is very important.

“In relation to the epileptic aura, I would state that since I commenced writing upon the subject of epilepsy, I have enquired of patients concerning it. I went to the epileptic patients in the asylum, and asked all those who had minds sufficient to give a correct statement, and could not find one who had experienced that sensation. It undoubtedly exists in some cases. Many of the patients are so demented, that they are not able to give any reliable account of themselves.”

In relation to a case cited by Dr. Workman, Dr. Roekwell refer-



red to one where masturbation was the cause of the epilepsy. The patient was taken when sixteen or seventeen years of age. Great pains were taken for his recovery ; he was sent to Europe and elsewhere,—but the epilepsy increased, and the paroxysms were accompanied by furious mania. He was married during one of his lucid intervals, and for several years had no recurrence of the paroxysms. His wife sickened and died ; a few weeks after which his epilepsy returned, and had continued.

In the treatment of epilepsy he thought that every thing like irritation should be removed from the patients. The attendants should be persons of mild and kind dispositions, otherwise almost every treatment would be unavailable. Dr. Radcliff's treatment, as spoken of by Dr. Ranney, would perhaps be very beneficial, in those broken-down constitutions that require support.

Dr. Jarvis thought that a perfect cure or suspension of epilepsy was only effected by a rigid enforcement of those dietetic and other rules which were laid down in the treatment. He said it was like walking on a rope ; so long as the equilibrium was maintained it was safe. He referred to the case of a medical friend, formerly subject to epilepsy, who for six or seven years had been living very abstemiously, which was his way of effectually warding off an attack. After such a long while, thinking that there was no danger to be apprehended from another attack, he indulged very slightly at a party, and was soon after seized with a paroxysm. He had had several since, and was now frequently subject to them. Both he and his physicians, and also his friends, attributed the renewal of the malady to this single dietetic error.

Dr. Ray stated that he would add his testimony to that of several others, touching the importance of a strict attention to diet. "This is a subject," said he, "of an importance far greater than we are apt to suppose, from the little attention bestowed upon it by writers upon the disease. It is true, attention is always directed to the regulation of the diet, but there is something more required of the physician. Every article of diet should be rigidly prescribed. My experience of epilepsy (unconnected with insanity) goes to show, that in nineteen

out of twenty young persons, it had a digestive origin. "Whatever treatment you may adopt in these cases," said he, "whether it be with the oxide, or nitrate of silver, or the valerianate of zinc, I can promise you no very good result without this strict attention to diet. When I was in general practice, I was accustomed to prescribe such articles of diet as I knew would not disturb the stomach, and insisted upon their exclusive use. Again and again I have seen fits which were suspended for years by this method, reproduced in all their original severity after a little indulgence at the table, in dough-nuts, mince-pie, cranberry-sauce, or something else equally improper. Now you know our object in the treatment of these cases, is to break up the morbid periodicity, which of course is renewed and confirmed by every fresh fit. It is one of the most discouraging things in the treatment of epilepsy, that just when you congratulate yourself on having checked its progress, and are holding out expectations of recovery, you are liable to see it brought back by some foolhardy transgression of your rules of diet. I think it may be said, for our encouragement, that in children, who are in tolerably good physical health in other respects, and taken in the very early stages of the disease, a strict prescription of diet, as well as medicine, will effect a cure in a large proportion of cases. I know it is very difficult to impress the patients, and their friends, with the importance of this strict attention to the diet, but I am satisfied that nothing short of it will effect much in the cure of epilepsy. Many cases, it is true, will get well of themselves. Nature frequently does more for them than we can do. There is one condition of the mind in epilepsy to which I would direct the attention of the gentlemen. Though of very little importance, therapeutically considered, yet in a juridical point of view it is very much so. We are prepared to find more or less disturbances immediately after the fit, and perhaps for a little time before, but it is a question whether in the middle of a pretty long interval, when the patient is able to be about in an apparently healthy state of mind, we have any right to say that his mind is always perfectly sound and responsible. In a criminal case of homicide, in New York, some two or three years ago, committed by an epileptic in one of his intervals, the



whole case turned on the question, whether or no the criminal act depended upon some such deranged state of the mind. There is reason to believe that in some cases, where there may be no obvious mental impairment during the interval, the mind may become suddenly possessed by some delusion, or hallucination, or irresistible impulse, liable to lead to criminal acts. There are few points more worthy the attention of the psychologist than the mental condition of epileptics, not unequivocally insane. It would richly repay any amount of attention that should be given it."

Dr. Green referred to a case of a child that was seized with most frightful convulsions, lasting from 4 o'clock till 9 P. M. The only cause for these violent convulsions was found to be the eating heartily of ground peas, which were next morning discharged by an emetic.

Dr. Ray then proceeded to read an elaborate paper on "Mental Hygiene." This paper was listened to with deservedly marked attention from beginning to end; and touching upon points of the utmost importance in that connection, it called forth a very interesting and profitable discussion. He dwelt more particularly on the bad effects of too close intermarriages, and injury to the mental health attendant on a want of a proper amount of rest and sleep, together with some minor points, the substance of which is brought forth in the discussion.

After the reading of this paper, on motion of Dr. McIlhenny the meeting was adjourned to 2 P. M.

#### THURSDAY AFTERNOON.

According to previous adjournment, the Association was called to order by the President at 2 P. M.

After the reading of the minutes, Dr. Curwen read a letter from Dr. Nichols, tendering his resignation as Secretary of the Association, which, after considerable expression of regret, was accepted. A vote was then taken for Secretary, which resulted in the choice of Dr. Curwen.

Dr. Tyler then moved that a vote of thanks from the Association be offered to Dr. Nichols, for the able and satisfactory manner in which he had discharged his duties as Secretary.

The Committee upon the time and place of the next meeting of the Association, made the following report: That the Association hold its next annual meeting at Lexington, Kentucky, on the third Tuesday in May, 1859. This was finally agreed upon, after much discussion.

Dr. Chipley then rose to express his gratification for the honor conferred upon his native place, and stated that he did not doubt but that every thing would be done to make their visit agreeable and profitable.

Next in order came the discussion of Dr. Ray's paper, on "Mental Hygiene," agreeably to the motion of Dr. Smith.

The discussion was opened by Dr. Workman, who strongly deprecated the system of education as carried on at the present day. He did not think it right to consider a child of four years of age a block-head because he could not speak two or three languages, and study mathematics, as a collegiate. He was forcibly reminded of a remark of Dr. R., of Montreal, in speaking of these prodigies; that they were "infant philosophers, and became adult fools." He cited the case of a little girl who was worked to death by these means, and whose mother said she died of dysentery! In conclusion he stated that he did not direct the education of his own children according to the present fashion. If he were called on to legislate on the matter, he would forbid any child being sent to school before the age of seven years; and he could say from experience in his own family, in which he had tested the rule, that no loss would be sustained from its universal adoption. It was much to be hoped that we were on the eve of a healthy reaction, in this department of human affairs, and no men in society can bear more ample testimony than our specialty to the evil consequences of overdriving the youthful mind, and the disregard of those requirements of the physical economy which the voice of nature continually proclaims.

In connection with intermarriages, he stated that the census of Canada for 1852, showed that the number of insane in the lower Province was much greater than in the upper. A great proportion of the cases termed insanity were certainly idiotic. Was it not



highly probable that close intermarriage for several generations among the French people of Lower Canada, had resulted in the production of idiocy? It had been ordered in the beginning, that a man should "leave his father and mother," when he took a wife. In Canada, we found the men of New England and Scotland almost invariably go back to their native parish for their wives. Need we wonder that insanity is found to be on the increase, when such pains were taken to perpetuate it? He trusted that as several of those now present were bachelors, and Quebec ladies were attractive, they would take the hint.

Dr. Choate said: "I have been much struck with some of the views brought forward in the paper, and particularly with those in relation to causes of disease operating *peculiarly* in the United States. I think the great strife which exists to keep up appearances under straitened circumstances, and the constant struggle which is going on to rise in social condition, are powerful causes in producing insanity in this country, particularly among females of the middle and lower classes. In the old countries the social position of all classes is more fixed. There is less strife and more contentment.

"In relation to the effects of intermarriage among blood relatives, I have been led to have serious doubts. It happens that in the district of the State of Massachusetts which sends patients to the Taunton Hospital, are three or four communities, which have lived for many years by themselves upon the Islands of Nantucket, and Martha's Vineyard, and although they have constantly intermarried, the proportion of insane persons among them has always been small.

"The remarks of the gentlemen, who have spoken upon the subject of intermarriage appear to me to show, that this cause may operate strongly in producing defects in the senses, in speech, in hearing, and in sight, but not particularly in producing insanity. My friend, Dr. Ranney, informs me, that for two or three centuries the royal family of the Sandwich Islands have been in the constant practice of intermarriage, and that yet they excel all other nations of those islands in physical and mental developement. Statistics alone can settle this question, and these we have not sufficiently accumulated."

In answer to a question from Dr. McFarland, Dr. Chipley stated that he had learned from Dr. Bemis, who had collected a great many statistics upon the subject, that insanity was not of very frequent occurrence in connection with intermarriages. The evil rather reached the senses, and we had the blind, and deaf and dumb in almost every family. The marriages were almost always fruitful, and generally one or more of the children were deaf and dumb, blind, or idiots. Such an effect had these facts upon the community, that they were carried to the Legislature, and a bill passed the House, but failed in the Senate, forbidding the marriage of first cousins.

Dr. Morrin stated that in the neighborhood of Quebec, two first cousins married, and the whole of the children were deaf and dumb. He knew where intermarriage of first cousins was practiced in a family, among the aristocracy, nearly the whole of whose members were insane.

Dr. Hills expressed his gratification at hearing such an able paper, and said that he could fully concur in every point that it touched upon. He stated that he had had in his institution three instances of parents and children being insane; had now at least four instances of brothers and sisters being insane, with consanguinity of parents. He might add, in this connection, that he had two instances of husband and wife being insane, but without any blood relation between them. He stated that the county of Guernsey, in his State, sends an unusually large number of insane to the asylum, and it was believed that this was owing to the great extent to which intermarriages took place in that community. He was surprised to hear the doubts expressed, that consanguinity in parents ever caused insanity in the offspring. He had been led to think it a frequent cause. Its non-appearance until in mature years does not disprove a constitutional cause, any more than in hereditary cases. The state of Ohio had sought out the parentage of all cases of insanity, idiocy, deaf-mutism, and blindness, and the facts elicited show clearly this cause in the production of all of them. The report however was very imperfect.

Dr. Athon, in connection with the subject of intermarriage, stated



that about fourteen instances of intermarriage had come under his observation. He had inquired into the condition of the progeny, and found that in nine children there was physical deficiency, one of hearing, one of seeing, one could not talk, two had not the use of their lower extremities, and two in one family were near-sighted.

Dr. Jarvis, expressing himself pleased with the reading of the paper, stated that he felt much gratified to hear such a unanimously favorable opinion from the members. He thought it should be sent to every family, and read by every individual. Very few knew the manifold dangers that affect the mind. The evil influences he thought as numerous as those which act upon the body. He referred to the present system of education, and its deleterious effects upon the mental health, and stated that most falter under the continued strain; some break down, and others become insane. From the finest intellect to the lowest, he considered that no one thought right at all times; that with every one, there were times when the mind was not as clear as it should be. This was attributable, perhaps, to a hearty dinner, overwork, want of a proper amount of sleep, excessive exercise or excitement, or other mismanagement of the physical or mental powers. He wished particularly to call attention to the imperfect education everywhere given, in school and out of school, and continued: "In manifold ways, every one is taught, but taught *last* to know himself; knowledge of the sciences, of external nature, history, philosophy, &c., is freely given, but not that of our own internal nature, of the powers of our body and our mind, their relation to each other, and their mutual influence. Nevertheless, most in the United States have some sort of education to fit them for action in the world. But connected with this, there is a danger to mental health, if not peculiar to this country, at least, greater here than elsewhere. All the employments, all the paths of life are open to whomsoever can and will enter and walk in them. Moreover, no one is confined to the path he may have once selected, but he can at any time change, and take any other more suited to his capacity, his taste, or his ambition.

"Our people generally not only aim higher than those of most

other nations, but they are constantly looking upward, to see if they may not better themselves. And whenever occasion offers, they are prone to leave the more humble, quiet, or less profitable avocations, for those that promise more, or are more flattering to their ambition. Hence we find cultivators of the soil becoming traders, patient mechanics becoming manufacturers, the small trader enlarging his business to that of a wholesale merchant, the working man turning speculator, the capitalist going to the stock exchange, and dealing in matters of doubtful value. Some leave the plough or the workshop, and become scholars, or enter the professions. The quiet workman, or man of business, enters the field of politics, and engages in the anxieties and strifes of parties, or in the management of the affairs of state. Science is popularized and offered, in some form, to every body ; and some who have been contented with the learning of the common school, or with reading the common works of history, travels, &c., become interested in subjects of a higher nature. They study the sciences, dip into philosophy, theology, and chemistry. They become physiologists, astronomers, and phrenologists.

“ In all these, and manifold other ways, men here assume burdens of thought, study, care and anxiety, such as they had not been trained to bear, and they lay a weight upon their brain, which they have not been accustomed to sustain. They suffer, in their mental part, as the tailor or clerk would, in the physical part, if he were suddenly to leave his sedentary employment, and become a farmer or a stonemason. They endanger the brain, as certainly as the abstemious dietetic would his stomach, if he were suddenly to take the sailor’s hard fare, or the gourmand’s luxurious profuseness. It is no wonder then, that some of these find themselves in a wrong position ; that some falter in their new work, and stagger beneath their unaccustomed burden ; that some are disappointed and heart-broken ; and that some waste their mental forces in the vain struggle for success, and a few become insane. This is one of the evils of our present civilization, and it will follow us, until we make another advance, and teach men their own natures ; their strength and their weakness, the limit of



their capacity, and their liability to suffer if they overstep the law of health, misappropriate their powers, or assume any burden which their original constitution or their training has not prepared them to sustain. I venture to hope, therefore, that Dr. Ray's paper will be printed, and spread broadcast through the world, to warn men to prepare themselves, by a better education, for the responsibilities of life, and by a better discretion, to apply their powers to such purposes as they were fitted to accomplish."

Referring to the fact stated by Dr. Ray, that one-third of the children die before they are five years old, Dr. J. said, that he had recently made a calculation of the connection of ignorance of mothers with the early mortality of children, in England and Wales, through seventeen years, ending with 1854. In those counties, where 63 per cent. of the women when married were unable to write, there were 749,927 marriages, and 2,853,774 births; 19 per cent. of the children died under one year, and 34.52 per cent. under five years of age. But in other counties, where only 30.77 per cent. of the marrying women were unable to write, there were 804,170 marriages, and 2,933,573 births; and of these children only 15 per cent. died under one year, and 27.79 under five years of age. Thus showing an excess of 26 per cent. under one year, and of 24 per cent. under five, in the more ignorant over the more intelligent counties.

Dr. Harlow stated, that the subject of hereditary insanity was one which had occupied his attention considerably. As far as he could get at the facts, about two-thirds of the patients have had insane relatives. In regard to intermarriages he had not been able to arrive at any satisfactory conclusions. In regard to precocity, he referred to the early age at which students entered our colleges, and said that they were less likely to make their mark in the world than those who entered at a more mature age; that many of our most respectable schools greatly erred in forcing the intellectual advancement of their pupils at such an early age, in order to get them through young; and that although they seemed to run well at first, they often fell in the rear at the end of the race. In other words, they

might be the best fitted for college, yet graduate with the meanest honors.

Dr. Smith thought the valuable paper read by the distinguished President, this morning, should not be passed over in silence. The subject of Mental Hygiene, he believed, had never been brought before the Association, and he regarded it one of superlative importance, and coming peculiarly within the province of our specialty. He thought the Association should feel greatly indebted to Dr. Ray for his paper, not only on account of its intrinsic worth, but from the fact it would prove instrumental in directing attention to a subject fraught with the most important results, and inducing close and discriminating observation and investigation. He hoped we would all have the pleasant privilege of perusing it, with care, in the *JOURNAL OF INSANITY*, and, indeed, would rejoice to see it in every family on the American continent.

Dr. Ray stated that the remarks made upon the subject of intermarriage of relatives, had induced him to make an additional observation upon that subject. Since the writing of that paper, within a few months there had appeared a work in London, by Mr. Buckle, called "The History of Civilization in England and France," and it was decidedly one of the leading works of the day. In that work is denied, point blank, the whole doctrine of hereditary influence. Now we had been believing all this time that such an hereditary influence does exist, and we were suddenly called upon to prove it. He imagined that it would be difficult to furnish the proof on the spur of the moment. He was ready to confess that the facts which bore directly upon the subject were not easily got at. And we believed it, he apprehended, rather upon the strength of some general impressions, than of copious and reliable statistics. The same might be said in relation to the injurious effects of intermarriage. He thought the only course was to enrich our statistics, and he hoped that in every hospital for the insane or idiots, inquiry would always be made in relation to the mental condition of the patients' relatives. In that way a great many facts might be ascertained upon this subject. The examples which had been alluded to of



limited communities, such as Nantucket, were of questionable value, and must be very closely scrutinized. Nantucket was isolated, it was true, from the rest of the continent, but it must be borne in mind that a great proportion of its male population die abroad, and consequently the supply of husbands must come from another quarter. Hence the statistics were not of so much value as they would seem to imply. The inquiries made upon the subject had resulted in the establishment of the fact, that the mingling of common blood has led rather to a deterioration of the senses than of the brain. It was well to bear in mind, however, that statistics should always be consulted with reference to the exact object for which they were made. He stated that he would like to draw the attention of those present to another point mentioned in his paper, a little more fully. He saw no cause in operation more calculated to deteriorate the power of endurance, both physical and mental, than our system of education. It was a matter of everybody's observation, and everybody's duty, to set themselves against it. The results of our opposition so far, promised but little, but still he thought it was none the less a duty to persevere.

Dr. Ray continued: "Children are put into school almost as soon as they can go alone, and kept there six hours a day, and as they advance the work increases. If fortunate enough to reach the age of twelve unscathed, then the great physiological evolution takes place, and they have more than they can bear. They go into the high schools, where the sessions are six hours each, not for the sake of study, perhaps; some do not study in school at all, the time being occupied only in recitation. They are kept at their exercises out of school frequently until ten or eleven o'clock at night. I am astonished every little while at some new revelation respecting the extent of these practices. A few weeks ago I found that in one of our high schools, girls who ought to be in bed at nine o'clock, were up habitually till eleven or twelve o'clock, getting up their exercises for the next day. The number of youth that break down in consequence of excessive cerebral activity is countless. The disease may pass under some other name, even dysentery, as in a case that

came to my notice only last week. A lady informed me that a dear and only daughter, fourteen years old, died at school from dysentery, though the disease seemed light, and her physicians declared, only an hour before she died, that there was no danger. It appeared, however, that she was one of those intellectual children who are fond of study, and that she had been encouraged to use her brain to the utmost extent, without any of those exercises and recreations which might, in some degree, have checked the ruinous effect of such a course. In this condition she was attacked by a disease which, under other circumstances, would not have been serious, and she wanted the nervous energy to resist it. This case illustrates an effect of excessive cerebral exercise, too much overlooked. I mean the inability to bear the least shock of disease in any other organ, as if the vital forces had been all used up in supplying the demands of the brain. The ordinary manifestations of this condition are so common, that, in consequence of their very commonness, they fail to make any impression upon us. Foreigners coming among us see it, and speak of it. Sir Charles Fox, one of the Commissioners of the Crystal Palace, while in Boston, not long since, visited one of the high schools for girls. On coming away, he remarked to his friend, ‘You seem to be training your girls for the lunatic asylum.’ Such was the impression made upon an intelligent stranger, by their intellectual achievements, in connection with their pale and sallow faces.”

In conclusion, he said he was much struck with the full, robust forms and rosy looks of the Quebec girls, as contrasted with the thin, slight frames, pale and sickly faces of the American girls in the States, and hoped they would never adopt the forcing, stimulating modes of education.

Dr. Choate, in behalf of the Committee on Resolutions, then made the following report :

*Whereas*, during the present session of this Association, we have been received by our brethren in this city with a most cordial welcome, and have been entertained in the true spirit of hospitality ; have been permitted to visit their many interesting Institutions, and the spots made famous by great natural curiosities, and by deeds re-



nowned in history : being desirous to place upon record our deep sense of the civilities tendered us, and the ample gratification afforded us by our visit to Quebec, it is therefore

*Resolved*, That to Drs. Morrin, Douglass, Fremont, Marsden, and Von Iffland are justly due, and are hereby respectfully tendered our sincere appreciation of their assiduous attentions, and their constant, unremitting, and highly successful efforts to render our visit both entertaining and instructive.

*Resolved*, That our opportunity of examining the most excellent arrangements of the Hôtel Dieu, under the management of the Sisters of Charity, and of the Marine Hospital, under the care of Dr. Sewall, has given us the most favorable opinion of the truly liberal and benevolent spirit, in which the charitable institutions of this city and country are conceived and carried on.

*Resolved*, That our inspection of the magnificent plan upon which the new Laval University has been constructed, and the thorough and liberal arrangement of all its details, has been to our minds a most convincing evidence of the enlarged views of mental culture, which prevail among those who have established, and will sustain it.

*Resolved*, That to the Managers of the Quebec Lunatic Asylum, we would offer our hearty acknowledgements of the elegant entertainment provided for us when visiting their Asylum, and our admiration of their excellently arranged and conducted Institution, and its beautiful grounds.

*Resolved*, That to Dr. Odell we would render our especial thanks for the opportunity afforded us of inspecting the wonderful and world-renowned citadel of Quebec, and the ever-memorable plains of Abraham, and monuments connected with it.

*Resolved*, That our thanks are also due and are hereby tendered to Willis Russell, for the uniform courtesy and kindness extended to the members of the Association, individually and collectively ; and for his unwearied attention to our comfort.

*Resolved*, That the foregoing resolutions be published in the AMERICAN JOURNAL OF INSANITY.

Several of the members here expressed their personal obligations for the numerous kindnesses that were showered upon them, and were replied to, in appropriate terms, by Dr. Morrin.

On motion of Dr. Van Deusen, the Association adjourned to meet at Lexington, Kentucky, on the third Tuesday in May, 1859, at 10 o'clock, A. M.

## S U M M A R Y .

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INSANITY AMONG CONVICTS.—Some interesting observations on this subject have been made by M. Sauze, physician to the prison and lunatic asylum at Marseilles, and published in the *Annales Médico Psychologiques*. The comparative influence of the separate and congregate systems of prison organization in the production of insanity has been a prominent point of discussion in this connection. M. Sauze is led to believe this question of little importance, and, generally, that the conditions, whatever they may be, of prison-life, are of little effect as causes of insanity. He is disposed to view the mental disease, found without doubt in much larger proportion among convicts than among the non-criminal, as intimately connected in its origin with the tendencies to crime, and springing from the same imperfect and morbid organization. That the cause of insanity among prisoners “is to be sought less in imprisonment, whatever its form, than in the nature of the prison population,” is the no doubt sound conclusion of the writer. The importance of a medical knowledge of the antecedents of prisoners, and the constant observance of their condition by medical officers, is strongly enforced in this view.

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IMBECILITY WITH DANGEROUS PROPENSITIES IN CHILDREN.—More than the usual number of instances of destructive propensity in young children have been recorded in the journals for the past few months. Several most revolting cases of murder and arson have excited special detail and comment, not only by the press, but in courts of law, and in medical discussions. The matter is, of course, no new development of society in process of degradation, as some have commented upon it, but really deserves greater attention than has been paid it, both in its relations to medicine and law. Its place in mental disease is properly in the division, imbecility. It does not occur,



so far as we know, except as associated with an imperfect physical organization, and with a stunted intellect. Heredity, of intemperance, convulsive disease, or some form of insanity, is almost without exception associated with it. Under these conditions we should expect to find the propensity quite ineradicable, and indeed likely to be aggravated by years. This should be understood by those having legal cognizance of its subjects; and they should be, if not permanently removed from society, yet with the completest possible safeguards against their incurable dispositions.

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CHOREA AND THE RHEUMATIC DIATHESIS.—In a clinical lecture at Guy's Hospital, London, by Dr. Addison, reported for the *Medical Circular*, the very frequent connection of chorea with rheumatism is noticed. In the case before the lecturer, of a delicate, strumous boy, was the characteristic perspiration of rheumatism, and mitral bruit of the heart. The Protean forms, and eccentric habits of rheumatism and gout were illustrated, and the treatment of chorea from the fact of its dependence upon these diseases pointed out. Nothing new is derived of the pathology of the former diseases, or in explanation of their effect in the production of the chorea.

The lecturer refers to his success in the treatment of "ligamentous rheumatism" by mechanical pressure, bandaging, splints, &c. It is a curious as well as a valuable fact, that complete bandaging, or swathing in sheets, so as to control the convulsions, has been found of great use in chorea. In one instance, a child extremely affected, and who rebelled at the swathing, was held tightly in its mother's embrace for several hours at a time, and the treatment aided to a favorable result.

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APPOINTMENTS.—Dr. Wm. Henry Prince has been appointed Superintendent of the new Hospital for the Insane, at Northampton Mass.

Dr. John P. Gray, Sup't N. Y. State Lunatic Asylum, has been appointed Consulting Manager to the Asylum for Insane Convicts, Auburn, N. Y.

## BOOKS AND PERIODICALS.

Since our last issue the following publications have been received in exchange, or otherwise.

An Essay on Wasting Palsy. By William Roberts, B. A., M. D. London: John Churchill, 1858.

The Phenomena of Spinal Irritation, and Other Functional Diseases of the System explained, and a Rational Plan of Treatment deduced. By Thomas Inman, M. D. London: John Churchill.

Epilepsy, and other Convulsive Affections, their Pathology and Treatment. By Charles Bland Radcliffe, M. D. London: John Churchill.

A Manual of Psychological Medicine: Containing the History, Nosology, Description, Statistics, Diagnosis, Pathology, and Treatment of Insanity, with an Appendix of Cases. By John Charles Bucknill, M. D., and Daniel H. Tuke, M. D. London: John Churchill.

Pathology and Treatment of the Paralysis of Motion. By J. P. Batchelder, M. D. New York.

Transactions of the Medical Association of Southern Central New York, at the Tenth and Eleventh Annual Meetings. Binghamton, 1857.

Lectures on the Sulphate of Quinia: Delivered in the University of Michigan. By A. B. Palmer, M. D. Detroit, Mich.

Tenth Annual Report of the Inspectors of State Prisons of the State of New York. Albany, 1858.

Sixth Annual Report of the New York Juvenile Asylum. January, 1858.

The Thirty-fourth Annual Report of the Officers of the Retreat for the Insane at Hartford, Conn. April, 1858.

Report of the Trustees and Superintendent of the Butler Hospital for the Insane. Jan. 28, 1858.

Reports of the Proprietors and Managers of the Lower Canada Lunatic Asylum, to the Commissioners. Quebec, 1858.

The Report of the Resident Physician of the New York City Lunatic Asylum, Blackwell's Island. For the Year 1857.

## MEDICAL EXCHANGES.

Annales Médico-Psychologiques. Paris. Not received since January, 1858.

Gazette Médicale de Paris. Paris.

Bulletin de L'Académie Impériale de Médecine. Paris.

Journal de Médecine et de Chirurgie Pratiques. Paris.

Revue de Thérapeutique Médico-Chirurgicale. Paris.

The Asylum Journal of Mental Science. London.

Dublin Medical Press. Dublin.

Dublin Quarterly Journal of Medical Science. Dublin.

British and Foreign Medico-Chirurgical Review. London.

London Lancet. London.



- New Hampshire Journal of Medicine. Manchester, N. H.  
New York Journal of Medicine. New York.  
American Medical Monthly. New York.  
American Medical Gazette. New York.  
The Scalpel. New York.  
Buffalo Medical Journal. Buffalo, N. Y.  
North American Medico-Chirurgical Review. Philadelphia.  
Medical and Surgical Reporter. “  
American Journal of Medical Sciences. “  
Rankins' Half-Yearly Abstract. “  
American Journal of Pharmacy. “  
Journal of the Franklin Institute. “  
Journal of Prison Discipline and Philanthropy. “  
The Medical News and Library. “  
Virginia Medical Journal. Richmond, Va.  
Charleston Medical Journal and Review. Charleston, S. C.  
Southern Medical and Surgical Journal. Augusta, Ga.  
Atlanta Medical and Surgical Journal. Atlanta, Ga.  
New Orleans Medical and Surgical Journal. New Orleans.  
Pacific Medical and Surgical Journal. San Francisco, Cal.  
St. Louis Medical and Surgical Journal. St. Louis, Mo.  
Iowa Medical Journal. Keokuk, Iowa.  
Memphis Medical Recorder. Memphis, Tenn.  
Southern Journal of Med. and Physical Sciences. Knoxville, Tenn.  
Cincinnati Lancet and Observer. Cincinnati, Ohio.  
Nashville Journal of Medicine and Surgery. Nashville, Tenn.  
Chicago Medical Journal. Chicago, Ill.  
Peninsular and Independent Medical Journal. Detroit, Mich.  
Medical Chronicle. Montreal, Canada.  
American Journal of Dental Science. Philadelphia.  
Dental News Letter. Philadelphia.  
Oglethorpe Medical and Surgical Journal. Savannah, Ga.  
Maine Medical and Surgical Reporter. Portland, Me.  
Boston Medical and Surgical Journal. Boston, Mass.  
American Veterinary Journal. Boston, Mass.  
Quarterly Summary of the Transactions of the College of Physicians of Philadelphia.

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ESSAYS, CASES, AND SELECTIONS.

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## THE INSANITY OF REV. DANIEL HASKELL.

DANIEL HASKELL was the son of a farmer in Preston, Connecticut, where he was born in 1784. He graduated at Yale College, studied theology at Princeton, and was settled (1810) over a church in Burlington, Vermont. Here for eleven years he continued a faithful and much approved pastor. In 1821, he was chosen President of the University of Vermont. He had held this office, to general acceptance, about two years, when he was violently attacked with inflammatory rheumatism. "One of his limbs became exceedingly swollen and painful, and he was confined, by order of his physician, for a considerable time, entirely to his bed; but he, at length, impatiently broke away, declaring that he would not live in such a position any longer. By means of crutches he was enabled to walk back and forth in his room for exercise, which seemed to give him some relief; but it was observed by his family that he would often stop, as he passed the looking-glass, and remark, as he surveyed himself, that every thing looked strange; and he sometimes inquired of his wife if things did not look strange to her also. He continued in this state for some time; but as his limb grew better, his mind became more disturbed, until it terminated in decided derangement."



“In consequence of the mental malady of which he now became the subject, he was separated from his family for many years.” He lived in Western New York, and in Ohio,—and was placed in more than one institution in the hope of relief. He finally rejoined his family in Brooklyn, New York, where he passed the remainder of his days.

His strange and painful delusion is thus described by the intelligent lady who saw and knew more of its sad effects than any one else. He was “shut out—as he supposed—from a world of hope ; a wanderer, where, he could not tell ; sure only of this, that he had not passed the judgment. At the height of his malady there was a time (the night I well remember,) when he supposed himself to have passed out of this state of being ; he knew it, and knowing this fact, all hope for him was gone forever. Christ and his salvation were only offered to sinners in the world where he once was ;—he would not suffer himself to be deceived by false appearances ;—he would not believe a lie. You may suppose that in this state of mind, he would be incapable of doing any business, or of finding any enjoyment in present things. This was, for a time, the case ; his flesh wasted away, and he had the look of despair ; but it was not always so. In his latter years he was cheerful, and though he did not acknowledge any change of opinion, he lost, in a measure, the sense of his miserable condition, and found it almost impossible to realize what he supposed to be true. We said little to him on the subject, and he seemed not inclined to say much himself.”

As in the similar cases of Simon Brown and William Cowper, this delusion, absolute and unhappy as it was, left unimpaired all the other operations of a strong and active intellect. This insane man could still reason and investigate. Schools and lyceums listened with interest and profit to his instructive discourse, and publishers were glad to avail themselves of his abilities and learning. In 1843, he published, in connection with another, a *Gazetteer of the United States*, and the last years of his life were busily occupied in editing *McCulloch's Geographical Dictionary*. He had also a decided mechanical turn, and gave much of his time, with great apparent interest, to the construction of apparatus for schools.

Mr. Haskell and his family belonged in Brooklyn to the First Presbyterian church, of which the Rev. Samuel Hansen Cox was pastor. This distinguished clergyman, to whom Mr. Haskell was thus become well known, says that “he was a man of great strength and soundness of mind (with a single exception ;)” that he was distinguished for his attainments in science, literature, general reading, well digested thought and theological erudition ; that he was a person of deep and genuine piety ; beneficent and useful in the whole tenor of his life. He was a profound mathematician and astronomer, and occupied much of his leisure time, in the almost twelve years that I was his pastor, as well as before, in exploring the wonders of that magnificent science ; in preparing and manufacturing globes, planetariums, instruments, and learned helps for its prosecution ; in studying history, chronology and antiquities ; always engaged and seeming to abhor idleness.” “His words were few ; his conversation rather reserved. He seemed to court solitude rather than society.”

Dr. Cox very justly supposes that physical and cerebral derangement was the proximate cause of Mr. Haskell’s mental delusion. “Its operation,” he thinks, “became religious, as in the case of Cowper, incidentally.” He suggests, moreover, that the malady may have been exasperated by intense study, by profound and anxious thought—perhaps by some mistaken views of Christian doctrine. The particular form of the delusion is thus stated by Dr. Cox. “He thought he was dead, since some definite epoch gone by ; that he was no longer a prisoner of hope or probationer for eternity ; that it was in some other world, not this, he formerly lived ; that he was there a rebel—selfish, disobedient, antagonistic to his God ; and that hence God had removed him into another state, where he was then remaining, although it was a wonder and a mystery ! Hence he would not pray. It would be wickedness and impiety for him to attempt it.

“Sometimes Mr. Haskell would forget his mania, interested in some object or topic of conversation. But any reference made to it, or recollection of it by himself, at once restored his melancholy con-



sistency, as the solemn contraction of his countenance always evinced. Once, in conversation, it suddenly thundered, after a very vivid flash of lightning, interrupting the course of thought and speech. As he was thus abruptly stopped in the midst of cheerful talk, one of the company asked him if that was not very much like real thunder and lightning. The absurdity struck him, and he said, with an involuntary smile, 'It seems very like what I remember in the world where I once was.'

"His mania was quite incurable. It was indeed the most perfect illustration of monomania, or insanity on one point only, that I ever knew. On all other subjects, especially when he forgot, he was sane, sensible, learned, instructive, and engaging. He loved his friends, and seemed ever to have on his spirit a clear and subduing sense of the ubiquity and supremacy of God."

Dr. Sprague inserts also a letter from Professor Hough, of Middlebury College, which testifies to Mr. Haskell's excellent qualities of mind and character. Alluding to his malady, Dr. Hough remarks: "It may not be easy to ascertain very distinctly the origin, though my impression has always been that it was the result of metaphysical investigations, and particularly of an earnest attention to Berkeley's ideal theory." In quoting the opinion of the learned professor, let it not be supposed that we indorse it.

We shall close this brief account of a remarkable and interesting case, in the words of Mrs. Haskell.

"The last year of his life his health gradually declined. He seemed to wear out. He was quiet, placid, in patience possessing his soul, evidently awaiting the day of his appointed time till his change should come. A change, he knew, must come. What communications the God of all power and grace made to his darkened soul, who can tell? He did ask me to pray with him; and prayer had been one of those privileges which were not for him. After some days of increased weakness, he was (after taking a bath) seized with violent spasms. He never spoke again, and on the 9th of August, 1848, he passed away, we are confident, to the place where there is no darkness at all, and where, in the certainty of

waking bliss, he will remember no more the tribulation through which he made his passage into the kingdom of heaven. We buried him in our beautiful Greenwood."

For farther particulars, see "Annals of the American Pulpit," by Rev. Dr. Sprague.

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PATHOLOGICAL NOTES. BY J. WORKMAN, M. D.

*Read before the Association of Medical Superintendents of American Institutions for the Insane.*

[Concluded from Vol. XV, page 22.]

*First stage, Bright's disease ; oil globules ; sudden death.*

P. M. 90.—Margaret C., aged 68 years ; a native of Scotland, was admitted June 1st, 1854. She was married, and had been the mother of nine children. She was stated to have been insane for three years prior to her admission ; and I learned from her family that she had been very troublesome, owing to her wandering and restless propensity, and that they had pursued rather a harsh course in restraining this tendency. Her habits were found to be very filthy and untidy ; and no persuasion or artifice could induce her to wear other dress than her long night-gown and her bed-blanket. Whenever she could get the chance, she would run out of her room, and parade the corridor. She scarcely ever spoke more than the words, "take me hame," "I'll go wi' you,"—and to whatever question was put to her, she could find no reply longer than *yes*, or *no*, which she seemed to use indifferently. She was constantly chewing rags ; and procured these from the nearest articles present ; as her bed-quilts, blankets, sheets, &c.

She continued in this condition for the two years and four months which elapsed between her admission and death. On the 4th of October, 1856, whilst taking her tea, she swooned and expired,—no premonition whatever of the event having been given.



*Post-mortem*—The meninges of the brain were opaque and thickened. A considerable quantity of serum was found on the surface of the brain, in the ventricles, and in the theca vertebralis. The grey matter appeared much wasted. The general substance of the brain was soft ; but this was the condition of all the tissues of the body. Muscular fibre appeared to have been supplanted by soft adipose matter. Firm pleuritic adhesions tied the posterior surface of the left lung to the chest. On its anterior surface, beneath the pleural envelope, five or six stellated cartilaginous deposits were found. The blood which flowed from the heart and the large vessels, showed a thick stratum of oil globules floating on its surface. The kidneys were slightly enlarged, and highly congested, being probably in the first stage of Bright's disease.

*Query* :—Is the suddenness of this woman's death ascribable to the oil globules in the blood ?

P. M. 86.—William B., aged at his decease 46 years ; a native of Scotland ; by occupation a laborer ; was first admitted in 1846. His insanity was ascribed to fright from a thunder-storm, which in all probability bore the same relation to his malady as the majority of the assigned causes of insanity in other cases do ; namely that of coincidence.

He was four times discharged, and as often readmitted. His last entrance was on the 24th March, 1856. Upwards of two years had then elapsed from the date of his last discharge ; and I am aware that in that period he had continued rational and industrious, supporting himself by his daily labor. He was last brought to the asylum from the city of Toronto gaol, in which he appeared to have suffered much discomfort. He appeared greatly debilitated ; his legs and feet were enormously swollen by dropsical effusion, and the abdomen was considerably distended. The pulse was full and quick, but the action of the heart and lungs was regular. The urine was scanty and high colored, and was found to be loaded with albumen. The skin was dry and husky, and the countenance haggard.

A warm bath was first ordered ; after which he had, each eight hours, three times, the following powder ;  $\mathcal{R}$ . Pulv. Dov. gr. v. ; tart.

ant. gr.  $\frac{1}{6}$  ; s-m. hydr. gr. ss. These were followed by a dose of pulv. jalap. comp. Copious biliary evacuations resulted. The urine became abundant and clear, and shewed little albumen. The dropsical enlargements disappeared, and the patient was able to walk about. He was however enjoined to keep his bed ; but he evinced great waywardness, and would not comply with the instruction. He exposed himself to cold draughts. A relapse of his dropsical symptoms ensued ; rapid vital prostration took place ; he became semi-comatose, and died on the 5th May, 1856.

The *post-mortem* showed the integuments of the cranium to be thick, and loaded with adipose tissue. The dura mater and arachnoid were opaque, tough, and thick. The pia mater was injected with arterial blood, and was easily separated from the brain. The cortical substance was almost white. In other respects the brain presented nothing abnormal. Both lungs were strongly bound to the ribs by old adhesive bands, of about an inch in breadth, by half an inch in length. The pulmonary tissue was sound. The heart showed no trace of disease. The liver was enlarged, and showed marks of former inflammation. In the gall bladder were found four small concretions of a brown color. The intestines were healthy. The left kidney was fully three times the natural size. It was soft and completely transformed in substance ; being a mere fatty mass, nearly as white as suet : oil globules were seen in the tubuli, and pelvis.

The right kidney was not so large, but was in a more advanced stage of disease. The process of atrophy had evidently set in. It was softer and whiter than the left ; and felt in the fingers almost as yielding as so much fresh pork-fat.

Dr. Bucknill states that Bright's disease of the kidney is very unfrequent in the insane. In his own practice, he says, he had never met with a single case, and he appears to have heard of only one in the circle of his enquiries. I would remark that the widely differing conditions of the organ, at various stages of the disease, may lead to failure in its identification. The case which I have just detailed was unquestionably Bright's disease ; and I have little doubt that the one (case 90) preceding was also a true case. The pathological



conditions of the kidneys, in each, were very dissimilar, and indicated very different stages of diseased action. It is to be regretted that a closer concurrence of medical opinion, than yet obtains, as to the essential characteristics of Bright's disease, has not been arrived at. It is probably very seldom that an opportunity is met with, of observing the pathological state of the kidneys, in its period of incubation. Dr. Bovell, of Toronto, in his evidence before a coroner's inquest, a few year's ago, in a case of sudden death, gave it as his opinion, that the deceased person had been laboring under Bright's disease, in the first stage ; and that the sudden death resulted from the toxic influence of oil globules in the blood. He stated that in the *post-mortem* examination, he had seen and pointed out these globules to his associates. Other medical witnesses ascribed the man's death to an over-dose of morphia—and it appeared to me, at the time, that their view of the case was correct. The death was not, as in my patient's case, instantaneous, but was preceded by several hours of coma. I am now inclined to regard Dr. Bovell's opinion as not very unreasonable.

*Fracture of neck of femur, within the capsular ligament.*

P. M. 111.—Mary M., aged 68, a little, feeble, and very amiable woman, who had been an asylum inmate for nearly nine years, in the end of August, lost her balance in the water-closet, fell on the left side, and was unable to rise. When raised, she could not stand on the left leg.

On examination I found the usual indications of fracture of the cervix femoris. Any attempt at surgical treatment, by splints or extension, would have been futile ; as the waywardness of the patient could not have been overcome. She was kept in bed, and had generous support. Before the accident she had been sensibly approaching the natural period of existence ; and this injury must have accelerated the issue. Great difficulty was encountered in combatting the tendency to formation of bed-sores ; for which purpose I found dry Fuller's earth, liberally dusted on the threatened parts, and an occasional washing with diluted tinct. myrrhæ, the best applications.

The patient gradually wore out, and died on the 23d of November, 1856.

The autopsy was confined to an examination of the fracture. An incision was made from the great trochanter across the acetabulum. A piece of the trochanter about seven-eighths of an inch long had been broken off, and was found quite detached from the process. The cervix femoris was transversely fractured at the plane of junction of the globular head with the neck of the femur; the fracture was therefore completely within the capsular ligament. The round ligament was sound; very little extravasation was observed in or around the fracture. The spicular surfaces of the bone had undergone considerable detrition, especially in the central parts. Not the slightest indication of even an attempt at reunion was shown.

Four other cases of fracture of the neck of the thigh bone, from falls on the side, have taken place during the five years of my residence in the asylum; three of which have resulted in union of some sort, with shortening equal to one inch and a half. One of these has been in a woman, who was 75 years old at the time of the accident. The fourth case occurred in a man aged 66 years. This patient died of pulmonary and cardiac disease six months after the accident.

The following is an abstract from the *post-mortem* record. "On making the requisite exposure of parts, I was surprised to find that a very trivial pressure on the ischiatic ramus fractured it across, below its union with the pubic ramus. On examining the bone closely, it was found completely softened, dark colored, and friable; and this condition extended over the whole ischium, including its acetabular portion. The scalpel could be introduced with little force into the thick part of the bone, as deep as the blade of the instrument. The contiguous portions of the pubic and iliac bones shared in the softening, but to a far less extent. On opening the capsular ligament, and introducing the finger, the fracture was discovered to be comminuted and transverse, and situated close to the base of the globular head of the femur. The globular head still occupied the cotyloid cavity, but its outer half had been absorbed. Nothing approaching



to bony union, nor indeed to any sort of union, had been effected. I reserved the ischium and acetabulum with the parts affected, and four inches of the shaft of the femur, for preparation ; and presented it to the Professor of Surgery in the Toronto School of Medicine.

No doubt many similar cases are met with in lunatic asylums, where a multitude of infirm, aged, and diseased people are always resident. In some instances, proper surgical appliances, and quiescence of the injured parts, are practicable ; in others, however, from the mental tendencies of our patients, quite out of our power. In only one of the five cases which have occurred in the Toronto Asylum, was I able to effect the desired object. I believe, however, the results would not have been different, in either the survivors, or those who succumbed.

*Mania.—Cases in which the state of the brain alone is given.*

In the following sixteen cases, one half of which were of chronic insanity, and the other half of recent acute mania, I have confined the details to the *post-mortem* appearances of the brain, chiefly because in the chronic cases the cerebral lesions had been of long duration, and had but trivially, if at all, affected the physical condition of the patients ; whilst in the acute cases the cerebral condition and accompanying disease were, with one or two exceptions, such as to render prolongation of life impossible.

It is probably accordant with general observation, that, in chronic insanity, death seldom results from disease of the brain ; and that in acute insanity the contrary fact obtains. It would be a very interesting and important fact, to know the extent of cerebral disease, in acute insanity, which is compatible, either with recovery of reason, or continuance of life. The trivial lesions of the brain found in the majority of chronic cases, seem to me to indicate the conclusion, that few cases of acute mania, in which the brain is prominently involved, terminate even in the chronic form ; whilst the manifestations of formidable disease, long existent in other organs, show how overwhelming have been the extra cerebral agencies, by which that imperfect general health which prolongs insanity has been kept up.

P. M. 4.—Elizabeth K., aged 49. This was a case of chronic insanity. The patient had been, at her death, four years at the asylum. She died of phthisis pulmonalis. The state of the brain was found to be as follows : pia mater very vascular ; lateral ventricles contained about half an ounce of serum, each. The cineritious and medullary portions of the brain normal.

P. M. 18.—Rachel C., aged 70. Insanity of many years duration ; died four months after admission from senile exhaustion. State of the brain as follows : cranium remarkably thick and brittle ; dura mater thickened. A few ounces of fluid between dura mater and arachnoid. Arachnoid and pia mater thick and opaque ; gray matter very pale, but in due quantity.

P. M. 24.—Patrick C.; insanity of ten years' duration, or upwards; ascribed to "*insolation*;" died suddenly from rupture of the left lung, and consequent hemorrhage. State of the brain : dura mater firmly adherent to the cranium, through the medium of elevated glandulæ pacchioni, and by other connections. Pia mater unusually vascular ; the cerebrum unduly soft throughout. The vertebral, internal caroted, basilar, cerebral, and cerebellar arteries were all transformed by cretaceous deposit, and were hard and brittle. The choroid plexus was loaded with florid blood. The ventricles contained a small quantity of serum.

P. S. The bronchi were in the same state of cretaceous consolidation as the arteries of the brain. The heart was double the natural size.

P. M. 35.—George G.; insanity of eight years' duration. Meninges of the brain thick and opaque ; cerebrum and cerebellum both soft, and serous effusion around the latter.

*Note.*—The patient was a masturbator.

P. M. 36.—James M., aged 36 ; insanity of over twelve years' duration. Died of cancer of the stomach. The pia mater and cerebrum very vascular ; puncta vasculosa numerous and prominent. Nothing further.

P. M. 39.—Patrick McG.; insanity of a few years' duration ; died of pulmonary phthisis. Dura mater firmly adherent to cranium,



without enlargement of the glandulæ pacchioni. Pia mater rather vascular ; slight serous effusion on the cerebellum. No fluid in the ventricles.

P. M. 59.—Benjamin A.; insanity of about ten year's duration ; died rather suddenly of hydrothorax, and hydropericardium. The brain was found covered with layers of coagulated lymph. A small quantity of serum was effused at the base. The lateral ventricles contained about four ounces of dark colored serum. The gray matter was defective, and the whole brain was rather soft.

P. M. 61.—James H.; insanity of about two years' duration ; lypemania ; the patient died of phthisis. The brain appeared free from disease of any sort.

P. M. 1.—Samuel T., aged 61 ; insanity of eleven weeks duration ; said to be first attack ; died from exhaustion and diarrhœa. The meninges of the brain showed traces of chronic inflammation. The cineritious substance of the cerebellum unusually dark and soft, whilst that of the cerebrum was whitened and pulpy. The ventricles contained considerable fluid.

P. M. 4.—Jane M., aged 30 ; insanity of five months duration ; died of brain fever, caused by grief at parting with her son, who visited her in the Asylum. The meninges and choroid plexus much congested ; very little fluid in the ventricles. The brain was in all other respects free from diseased appearance.

*Note.*—The mesenteric glands were in a highly diseased state. The lungs were not tuberculous. The liver and spleen were much enlarged.

P. M. 5.—T. H., insanity of thirteen weeks duration ; religious mania. The patient had taken an abortive dose of arsenic, which left the stomach and bowels severely diseased, and ultimately produced death, by dysentery. The meninges of the brain were very vascular, and slight effusion of serum had taken place in the ventricles. In other respects the brain appeared healthy.

P. M. 8.—W. McN., aged 60 ; insanity of eight weeks duration ; *morbus Belli*. Meninges of the brain very vascular, and the vessels all much congested. The whole cerebral mass was so much soft-

ened as to render its dissection very difficult. The gray and the white matter were in due proportion. The cerebellum was in the same vascular and softened state.

P. M. 14.—T. McK., aged 35; insanity of six months duration; violent acute mania. Chronic thickening of the meninges. The entire brain much softened.

*Note.*—The lungs, liver, and mesenteric glands tuberculous. The patient died of exhaustive diarrhœa.

P. M. 23.—Thomas R., aged 45; insanity of six weeks duration; first attack. This patient showed the early symptoms of general paralysis,—in the muscles of the tongue, and of the right extremities. He was violent, restless, noisy, and very mischievous. In two weeks after admission he became subject to frequent attacks of diarrhea, which were temporarily controlled by opiates. On the thirtieth day after admission the diarrhea recurred with great severity: hiccup presently accompanied it, to relieve which counter-irritants and stimulants were employed. He rapidly sank, and died next day, but was not comatose.

The dura mater was found firmly adherent, over the glandulæ pacchioni, to the cranium. The arachnoid was slightly thickened and opaque. The pia mater was very vascular: large blood-vessels were seen coursing through it in all directions, and most remarkably abundant in the fissure of Sylvius. The gray matter of the cerebrum was very soft, and apparently much wasted. The white parts were preternaturally hard, tough, and freely injected with blood. The choroid plexus was highly congested.

The pons varolii and medulla oblongata were very hard and vascular. The fibres of the pons could be distinctly traced, owing to their hardness, and their separation by enlarged capillaries. The only important trace of disease, external to the brain, was in the capsule of the right kidney, which was vascular and congested. The bladder, the left lobe of the prostate gland, and the substance of both kidneys, gave indications of former inflammatory disease.

P. M. 51.—W. S., aged 46; insanity of six weeks duration; previous habits intemperate: died of exhaustion. The surface of the



brain was covered with lymphic deposit. The vessels of the meninges and brain very full of blood. The cortical portion abundant and of proper consistence. Medullary portion quite normal. Slight effusion of serum in the ventricles.

P. M. 83.—J. H., aged 51; insanity of three weeks duration; first attack; furious mania, ending in exhaustion and death. The cranial bones were pinky, from engorgement of their minute blood-vessels. All the membranes were loaded with arterial blood, and the appearance of the pia mater was especially interesting. The surface of the brain showed lymphic deposits. The substance of the cerebrum was quite consistent, but its vessels were engorged.

*Exostosis within the cranium.*

P. M. 12.—M. H., aged 35; admitted from the city gaol, Oct. 27, 1853. This woman was irritable, querulous, persistently declamatory against all the world. Her intellect was morbidly acute, but her feelings were much perverted. Her past life and associations had perhaps been such as to lead her to think harshly of her fellow beings. She was a married woman, and had several children, for whom her affection was very strong, if we might judge by the severity of her accusations against those who had separated her from them. It was discovered, *post-mortem*, that she was affected with gonorrhea, as deep and extensive vulvular and vaginal ulcerations, with copious purulent effusion, existed.

The chief object of interest in the autopsy was an osseous formation, in tabular form, about one and one-half inch long, by one inch broad, reaching lengthwise along the fissure of the falx, within the dura mater, and attached to the cranium, immediately above and posterior to the crista galli. This plate, at its distal or posterior margin, was folded over at right angles, and thus penetrated the anterior right lobe of the cerebrum for some distance. Along its entire surface the cerebrum was found transformed into a highly congested vascular mass. The exostosis was itself highly colored, and not very firm. The patient died in a state of exhaustion, supervening upon a slight diarrhea. No loss of muscular power, and no coma, were observed.

P. M. 15.—Ann D., was admitted 28th September, 1853. She was then aged 17, and was stated to have been insane nine years. She was found to be subject to syncopal epilepsy. She died from exhaustion five weeks after admission, no doubt thus fulfilling the chief object of those who sent her to the institution, for she was half dead on arrival.

At the base of the brain a little serous effusion was found. The cerebrum was indurated. The medullary and cineritious portions were in normal relation. A spicula of bone resembling a cock's spur, and over one-fourth of an inch in length was situate on the posterior part of the left supra-orbital plate, and projected into the base of the brain. The lungs were adherent by old pleuritic membranes. The pericardium was enormously distended with water. The external surface of the heart was covered with fringes of lymph, and the interior of the pericardium was similarly coated. The liver was tawny and enlarged. The intestines had the inflammatory aspect so frequently observed in similar cases.

P. M. 114.—Elizabeth B., aged 37; a tall, majestic, and interesting maniac; was admitted 20th September, 1856. The malady was deeply hereditary. She had jet black hair, bald on the crown; was subject to furious paroxysms with each catamenial disturbance, and weakening menorrhagic discharges. Between these attacks she had pulmonary hemorrhage. She died April 15th, 1858.

The brain showed no marks of inflammation, but the ventricles contained about three ounces of water. The entire brain-substance was very soft. At the base of the cranium, on both supra-orbital plates, several spinous projections were found. Four were on the right side, and were each about three-sixteenths of an inch in length. At several other spots along the base, similar projections were met with, but not so round or pointed. The projections had produced no visible injury of the brain. The lungs and mesenteric glands exhibited tubercular disease to an extent which I have never seen exceeded.

The liver also abounded in tubercles. The spleen was very small. The left ovary was embedded in inflammatory products. The right



ovary was similarly affected, but to a less extent. The uterus was healthy, and of normal size.

Dr. Bucknill states that "in four hundred examinations of persons dying insane, including a large proportion of epileptics, he found cranial exostosis in only one instance,—that of an epileptic man, subject to violent attacks of mania." I have found the preceding three instances of exostosis in one hundred and fourteen *post-mortem* examinations. Only one of the patients had been epileptic, and in her case the exostosis was less than in the other two, who were free of epilepsy.

*Depression of the skull ; epilepsy ; loss of language-*

P. M. 73.—Jacob S., was admitted 12th Dec. 1846, at the age of 21. In his fourteenth year, when at work in the woods, he was struck on the crown of the head by a branch falling from a tree. Fracture of the skull was stated to have resulted, and a permanent depression in form of an inverted cone, with a base of about three-fourths of an inch in diameter, and a depth of nearly the same extent, was left a little anterior to the posterior fontanelle, on the line of the sagittal suture. Epilepsy and extreme mental imbecility resulted. After continuing in this state for seven years he was brought to the Asylum. He was found to be addicted to masturbation. The faculty of language was almost totally obliterated. He was never heard to articulate more than half a dozen different words, as "Jacob Spohn good boy"—"that's good," &c., &c. His gait was tottering, slow, and dragging. When spoken to, he looked with a stupid, wild stare, as if making an effort to comprehend what was said to him, and to reply. His command of the sphincters, or perception of his natural wants, was extremely defective ; and even when he obeyed evacuant calls, he would not discriminate between his chamber vessel and the floor. At an early period of my observation I discovered that the lungs were tubercular ; the right one being nearly consolidated. For a year prior to his death he coughed and expectorated much, and had frequent attacks of hæmoptysis, some of which were very threatening from the copiousness of the discharge, and bronchial ob-

struction to breathing. For several days preceding dissolution his breathing seemed to be entirely diaphragmatic.

The autopsy was made 13 hours after death. On opening the head, the conical depression before mentioned was found to be devoid of bony tissue, and a fibrous membrane occupied the orifice. The cerebrum beneath the opening was very vascular and soft. The pacchionian bodies were numerous and large. The membranes appeared thickened and opaque. Very little fluid was found. The gray and the white matter were in due proportion, and the brain might be said in all other respects to be free from disease. The right lung was full of excavated tubercular masses. The left lung was in a less advanced stage of destruction. Both were firmly bound to the costal walls by old adhesions. The abdomen contained a good deal of dropsical effusion. The liver was enlarged and tawny, and adherent to the colon by strong fibrous bands. All the other viscera were healthy.

In this case there is every reason to believe the epilepsy was consequent upon the injury of the brain, and the continued depression of the skull. Whether this result might have been averted by the use of the trephine is a matter of some uncertainty. I have in the Asylum another male epileptic, in whom the disease resulted from the same cause, but the depression was on the forehead. The depressed bone was removed, and the epileptic fits ceased; but after a few months they returned, and have now continued for many years. In both patients the faculty of language has been almost obliterated; but in each the part of the brain compressed, or injured, has been very different.

In the case of the deceased patient, the pressure of the brain against the depressed bone had effected the removal of the offending substance; yet the epilepsy perpetuated itself by the force of habit. The fact that the patient survived the injury, and that the brain, after death, was found but trivially diseased, would indicate unusual cerebral insusceptibility. It is however to be observed that the osseous depression was on the median line, and on the course of the great longitudinal sinus. Had the pressure been exerted on any



part of the surface of either hemisphere of the cerebrum, the result must have been very different. I have seen a man fall from the top of a four story building, whose descent was by stages, from floor to floor, and come off with a depression of the cranium, into which I freely passed my finger as far as the first joint, exactly at the same spot as that depressed in Spohn's case. The late Dr. Arnoldi of Montreal was called to him, and gave him a glass of strong whiskey. Nothing further of any importance was done. Several years after he was employed as a city watchman, and was strong, active, and free from any cerebral trouble.

*Malignant tumors within and outside the cranium.*

P. M. 93.—Janet K., was admitted Jan., 1849, at the age of 45. No history of her case is on record. I understand that she was one of a family of seven children, all imbecile, and that a brother, congenitally blind, is a patient in the male wards. She had occasional fits of passionate crying; but in the intervals she was quiet. Her life was little more than a vegetative existence. The scalp presented several tumors which she was unwilling to have examined, and she seemed to suffer pain from pressure on them. A large tumor had long existed beneath the masseter muscle, at the angle of the lower jaw. She was a most unpromising subject for any sort of surgical operation, and therefore, I presume it had been deemed advisable not to interfere with any of these formations. Her feet, ankles, and hands were deformed by enlargements of the joints, and every thing connected with her case clearly indicated hereditary degeneracy.

She died 22nd October, 1856, aged 52 years. She had apparently reached the limits of existence, and attained a more advanced age than she could outside an asylum.

*Post-mortem.*—Upon laying open the tumor on the lower maxillary bone, it was found to be a melanotic mass of disintegrated tissue, almost destitute of cohesion. The only portion of the bone remaining firm was about an inch at the chin; the rest was broken down in the general diseased mass. The parotid and lower maxillary glands were transformed, and advanced in malignant degeneracy.

The palatal bones and tissues were also involved, and the disease had penetrated to the base of the skull.

The cranium was found thick and hard, and devoid of diplöe. The external tumors, when stripped of integument, were of a pinkish hue, and very vascular; and for some distance around each the soft and bony structures were vascular and reddened: an elevated zone in the bone surrounded the base. Two of the tumors had absorbed the outer osseous table, and nearly penetrated the cranium. A third had completely eroded both tables, and made an orifice as large as a half-dollar, and had involved in diseased action the dura mater within. On removing the calvarium, a tumor of similar character was found attached to the dura mater on the inferior margin of the parietal bone, and had completely removed both tables. No elevation was here observed externally during life, consequently no suspicion of the existence of this internal growth had arisen. Between the arachnoid and pia mater about a wine-glass full of bloody fluid was found diffused. The cerebrum was much indurated in every part, and presented few traces of gray matter. The cerebellum was normal. The thoracic and abdominal viscera were healthy, with the exception of a cyst, about the size of an almond, at the lowest point of the right lung. This cyst contained pus. The transverse colon was depressed towards the umbilicus.



THE LEGAL DOCTRINE OF RESPONSIBILITY IN CASES  
OF INSANITY, CONNECTED WITH ALLEGED CRIMI-  
NAL ACTS. READ BEFORE THE JURIDICAL SOCIETY, BY FORBES  
WINSLOW, M. D., D. C. L.

[*From the Journal of Psychological Medicine.*]

I WILL, without any prefatory remarks, and with great submission to those whom I have the honor to address, endeavor to direct the attention of the Society to the following salient and relevant questions connected with the important subject selected for discussion.

I will consider *seriatim*:—

- 1st. The nature of insanity in its medico-legal relations.
- 2nd. The legal doctrine of responsibility in connection with insanity associated with alleged criminal acts.
- 3rd. The doctrine of partial insanity, or monomania.
- 4th. The existence of homicidal insanity and insane irresistible impulses.
- 5th. Anomalous or mixed cases of mental disorder, involving the question of modified responsibility and the propriety of punishment.

There is no fallacy more generally entertained by those who have had but limited opportunities of studying or becoming practically acquainted with the phenomena of insanity, than that, in the great majority of cases, the disease consists, in its elementary and *essential features*, in a disorder of the *intellectual*, as contradistinguished from a derangement of the *moral* faculties of the mind; that the intellect is in a condition of *aberration*; that the *ideas* are *perverted*; that the senses convey illusory images to the sensorium; that the perceptions are false, the mind being invariably under the dominion of some creation of the distempered fancy; in other words, that delusions or hallucinations are always present in every case of fully developed insanity.

This is the popular and, I may add, the generally received notion of mental derangement.

This mistaken view of the nature of insanity has, I believe, led to much discrepancy and conflict of opinion in our courts of law respecting the legal question of responsibility in connexion with certain cases of imputed alienation of mind.

In all the great criminal trials involving a consideration of this question, the judges have almost invariably laid a stress on the presence or absence of *delusion*; associating it, however, with the question, "Is the person whose mind is said to be insane, capable of distinguishing right from wrong?"

In the case "*Bainbridge v. Bainbridge*," Lord Campbell admitted that insanity might exist without delusion. I have no doubt other judges, if they have not propounded literally the same doctrine, have practically acknowledged its truth, by sanctioning the acquittal of prisoners on the ground of insanity unassociated with any obvious delusion or affection of the reasoning powers.

It is difficult for an inexperienced person to realise the great medical truth, that disease of the mind, and disease of a serious character, may exist *without any appreciable aberration of the ideas, or apparent impairment of what are termed the intellectual powers*. I do not refer to conditions of morbid mental exaltation, often dependent upon a transitory congestion of the blood-vessels on the surface of the brain, or to that mental depression so frequently consequent upon an obstruction to the free circulation of the blood through the heart, or even to the extravagance of thought and conduct exhibited in many cases of unrecognized insanity; but to positive creations of the morbid fancy, to delusive images leading the person to believe that to exist which no sane person would believe to exist, and which, in reality, has no existence apart from himself and his distempered imagination.

In the majority of cases, the premonitory stage of insanity is evidenced by some palpable disorder of the affections, temper, propensities, moral sense, character, and conduct of the individual. This may exist for a long period before any positive aberration of the ideas is recognized.

It is unusual for delusions to exist in the early stage of mental



derangement. The poison of insanity, if I may use the term, seizes, in the first instance, hold of the moral powers of the mind, and the disease often runs its course without obviously deranging the ideas, perceptions, or apparently impairing the integrity of the intellectual operations. Men talk coherently, and often with great shrewdness and sagacity, and they occasionally write rationally whilst in an indisputable condition of mental aberration of such a kind and degree as clearly to absolve them from all legal responsibility.

Although, as Dr. Pritchard justly observes, “the intellectual faculties in every case of well-marked insanity are more or less involved;” and this will be apparent when I address myself to the question of partial insanity and the metaphysical doctrine of the indivisibility of the mind and unity of the consciousness; still he allows that “in reality the *moral character* is more affected than the *understanding*.” In other words, he maintains that the salient, prominent, characteristic, and diagnostic symptoms of insanity are not to be sought for in those faculties of the mind by which (to speak with metaphysical exactness) *we appreciate the perception of relation*; but in those states and conditions of the intellect more immediately associated with the moral sense, the *affective* or *motive* faculties, the *passions*, *affections*, and *appetites*. As a general rule, insanity implicates those powers of the mind which are supposed to regulate the actions and conduct. The intellectual as well as the moral faculties (from the nature of the constitution of the human mind) are in all cases of insanity to a certain degree disordered; but the affection of the *reason*, the *judgment*, and *reflection*, does not in many cases stand out in bold and prominent relief, so as to constitute well-marked legal or medical diagnostic indications of the actual state of the mind when affected by disease. If this be a true theory of insanity, it will be apparent that, in estimating the actual condition of the mind in connection with the question of legal responsibility, we must not confine our attention to the question, whether the *ideas* are perverted or in a state of positive aberration or derangement; whether the senses are under the influence of sub-

jective or objective morbid psychical phenomena, in the form of hallucinations or illusions; but the important point for consideration should be, what is the state of the *affective* or *motive* powers? what is the condition of the *volition*? and to what degree has the mental disease destroyed the healthy power of self-control over the thoughts and actions? If delusions are present—if hallucinations and illusions can be detected, the diagnosis is greatly simplified; but although delusions and aberration of the ideas often exist, *they must not be viewed as the essential or the exclusive diagnostic symptoms of a diseased and irresponsible mind.* If a man is said to be insane, the immediate question is, what are his delusions? If evidence is given of insanity in a court of justice, the same question is often put to the witness.

I do not complain of this course of interrogation; but I argue, *that by always searching for delusions and hallucinations, or some form of aberration and derangement of the mental operations,* we are diverted from the legitimate and philosophical course of inquiry, and a case of insanity, and insanity clearly inducing a state of criminal irresponsibility, eludes our observation.

I proceed to consider, secondly, “*the legal doctrines of irresponsibility in connection with alleged criminal acts.*”

This necessarily compels me to direct the attention of the Society to the lucid, logical, and able paper on Insanity in its Legal Relations, read by Mr. Fitzjames Stephen in the month of June, 1855, and since published in the Transactions of this Society. This gentleman, when speaking of legal tests of insanity, argues that medical men have no right to charge the judges with having propounded a falacious “*test*” of insanity, or with inconsistency in excusing the insane on the one hand, whilst on the other they apply a criterion bringing nearly all those who are insane within the range of the law. The judges, it is said, have laid down no test of insanity whatever—that they have been most scrupulously cautious and careful in committing themselves to any thing like a test of insanity. Instead of so doing, Mr. Stephen affirms they have merely laid down tests of *responsibility*, or, more strictly speaking, have specified facts



from which, when juries have found them, judges are to infer malice; but it is no part of their duty to say how far particular diseases affect the relation of persons to such tests; that, in the language of Mr. Justice Maule, is a question not of law but of physiology, and one not of that obvious nature to be inferred without proof. The tests of insanity, as I can conceive, propounded in our courts of law, are as follows, viz. :—

1st. That of the presence of delusion.

2nd. Of delusion directly associated with the criminal act.

3rd. A capability of distinguishing between what is lawful and unlawful—the capacity of knowing right from wrong, good from evil.

All these legal *criteria* of insanity necessarily involve in their elucidation the question of responsibility.

It is true, as Mr. Stephen argues, that, stripped of all technicalities, the transaction, as between the criminal arraigned for the crime and the prosecution, stands thus :—

The prosecutor says, “I charge this man with having voluntarily and wickedly killed A. B.” The prisoner replies, “I did kill him, but not voluntarily or wickedly; for I was compelled by the involuntary action of my muscles, and exercised no volition in the matter; or, I was prevented by disease from distinguishing good from evil, and, therefore, could not act wickedly.” But does not this trial of the question, whether the accused, by reason of his incapacity, could not act feloniously, unavoidably raise the questions, what is the nature of this incapacity? how is it manifested? what are its symptoms? is it partial or general incapacity? is it associated or dissociated with delusions? does the mental disorder destroy the prisoner’s power of distinguishing between what is “lawful and unlawful,” “good and evil,” “right and wrong?” Am I not justified in maintaining, without arguing the question in a “*Nisi prius*” spirit, that legal tests of insanity connected with alleged criminal acts have at various times been propounded from the bench for the guidance of juries?

Dr. Johnson defines the word “test,” as being “that with which any thing is compared in order to prove its genuineness.”

It is true, as Mr. Justice Maule says in the passage quoted by Mr. Stephen, that the questions submitted to the jury are those questions of fact which are raised on the record. In a criminal trial the question commonly is, whether the accused be Guilty or Not Guilty?

“The jury are to inquire into nothing which is not in issue. They are impannelled to decide certain questions of fact in the negative or affirmative, and nothing is admissible in evidence unless it tends to enable them to answer these questions, or some of them.

“The questions are raised by the prosecutor and the prisoner—the prosecutor affirming certain facts respecting the prisoner, and the prisoner either confessing or denying them, or alleging some reason why he should neither confess nor deny. Such denial, confession, or allegation, is the prisoner’s plea; and if it raises a question, asserted on one side and denied on the other, the jury are to decide it. First, then, madness is not a plea. The prisoner does not plead it as he would plead a pardon under the great seal, a former acquittal or conviction, or as he would plead to the jurisdiction. He gives it in evidence under the plea of Not Guilty. So that the very form of the proceedings implies, that, in order to entitle him to an acquittal, the prisoner must not only show that he is mad, but that he is *thereby* not guilty. In more technical language, his madness must be such as to enable him to traverse some one or more of the material averments of the indictment.”

Madness may not, to speak with technical accuracy, be the “plea,” as Mr. Justice Maule avers; but are not the jury guided in their decision as to the acquittal of the prisoner on the ground of insanity by the judge’s exposition of the legal doctrine of insanity in relation to crime? Does he not instruct the jury that “partial insanity” will not acquit the prisoner? That the existence of a delusion, partial in its character, will not exonerate him from responsibility? That if the prisoner was laboring under the idea or delusion that he was “redressing a supposed grievance,” and that under “the impression of obtaining some public or private benefit” he committed the crime, he is equally liable to punishment?

Surely these instructions, propositions, doctrines, or theories may, without an abuse of language, be also termed *tests* of insanity and responsibility, in relation to certain alleged morbid conditions of thought and conduct. The law has a certain preconceived standard of criminality. The mind of the alleged criminal must be in a con-



dition to act voluntarily, of free will, and with malice. He must, to use the language of Foster, as quoted by Mr. Stephen, be capable of committing an action flowing from a wicked and corrupt motive ; he must be in a condition to act *malo animo malâ conscientiâ*.

“ If a man,” says Foster, “ has either no motive at all, or no power of discerning what motives are wicked, and what are not—in more popular language, if he cannot discern good from evil, he cannot be said to act maliciously in the legal sense of the word ; and if he can show, by reason of any disease, he is wholly unable to distinguish between good and evil, he has rebutted the presumption of malice.”

Let us for a moment apply Dr. Johnson’s definition of the word “ test” to this lucid exposition of the principles of the criminal law, and how does it affect the question at issue ?

A standard of criminal responsibility is erected ; in other words, certain well-defined principles of criminal responsibility are enunciated. A culprit is indicted for murder ; he pleads Not Guilty, on the ground that he was incapable of acting *voluntarily, maliciously*, and of *free will*, on account of his mental infirmity destroying his power of distinguishing between good and evil, right and wrong. This condition of alleged and imputed disorder of mind is then reviewed by the Court, and its “ genuineness” tested by “ comparing” it with those mental states of admitted legal responsibility in which the criminal is capable of acting *malo animo malâ conscientiâ*.

What are the doctrines of criminal responsibility in cases of alleged insanity, as propounded authoritatively in our courts of law ? I will not refer in detail to the conflicting *criteria* of responsibility which have at different periods been laid down by the bench. (For the existence of such discrepancy of opinion was candidly admitted by Lord Campbell, in the House of Lords, when he said, “ He had looked into all the cases that had occurred since Arnold’s trial, in 1723, and to the direction of the judges in the case of Lord Ferrers, Bellingham, Oxford, Francis, and M’Naughton, and he must be allowed to say that there was a wide difference of opinion both in the *meaning* and in the *words* of their description of the law.”) The principle of law as expounded in 1843, by the judges in the House of Lords, appears to me (without quoting the decision at length) to be embraced in the following propositions :

1st. A person laboring under partial delusions only, and who is not in other respects insane, notwithstanding he commits a crime under the influence of the insane delusion that he is redressing or revenging some supposed grievance or injury, or producing some public benefit, is liable to punishment if he knew at the time of committing such crime that he was acting contrary to the law of the land.

2nd. To establish a defence on the ground of insanity, it must be clearly proved that at the time of the committing of the act the party accused was laboring under such a defect of reason from disease of the mind as not to know the nature and quality of the act he was doing, or, if he did know it, that he did not know he was doing what was wrong.

3rd. If a person under a partial delusion only, and not in other respects insane, commits an offence in consequence thereof, he is to be considered in the same situation as to responsibility as if the facts in respect to which the delusion exists were real.

These rules of law in relation to offences committed in an alleged condition of insanity, suggest for consideration—

1st. The doctrine of partial delusions in their legal relation to crimes committed by persons in other respects insane, under an insane idea of redressing a real injury, or revenging some supposed grievance.

2nd. The legal doctrine of partial insanity.

3rd. The knowledge of right and wrong viewed as conclusive evidence of responsibility in cases of imputed insanity.

Before discussing the question of “partial insanity,” I would premise that the rule of law by which persons are held legally responsible for actions committed whilst under the dominion of a delusion, provided the person imagined that he was redressing a *supposed* grievance, or under the impression of obtaining some public or private benefit, was propounded by Lord Erskine in his celebrated speech in defence of Hadfield. He there declared, “That when a madman commits a crime under the influence of an impression which is entirely visionary, and purely the hallucination of insanity, he is not the object of punishment; but that though he may have shown insanity in other things, he is liable to punishment if the impression under which he acted was true, and the human passion arising out of it was directed to its proper object.” He illustrates



this principle by contrasting the case of Hadfield with that of Lord Ferrers. Hadfield labored under the delusion that the end of the world was at hand, and that on the death of the king, the Messiah would immediately appear on earth, and the reign of the Millennium begin.\* Lord Ferrers, after showing various indications of insanity, murdered a man against whom he was known to harbor deep-rooted resentment on account of *real* transactions in which that individual had rendered himself obnoxious to him. The former, therefore, is considered as an example of the pure hallucination of insanity; the latter, as one of human passion founded on real events, and directed to its proper object. Hadfield was accordingly acquitted, but Lord Ferrers was convicted of murder, and executed.

It will be for us to discuss whether it is consistent with an enlightened jurisprudence, and a philosophic view of insanity, to consider that a man in an insane state of mind should be held amenable to the punishment of death, *because his delusion is to a degree based upon actual circumstances, and because there is in his conduct evidence of his having been under the influence of passion apparently rationally and sanely directed?*

In considering this section of our subject, it is essential that we should fully appreciate the fact, that it is one of the well-known characteristics of insanity for persons to labor under delusions connected with, and originating in, actual circumstances. This is one of the common features of insanity, the mental disorder exhibiting itself in a morbid and false view of the actual objects of sense, and a diseased and exaggerated estimate of the daily occurrences of life.

A man in a state of incipient or advanced insanity notices a person paying more than (he considers) the ordinary, legitimate, and conventional attention to his wife. A case can easily be conceived

\* Although very insane, Hadfield exhibited great acuteness, coolness, and self-possession, common features in cases even of dangerous insanity. It is stated, that when standing at the pit-door of the theatre, waiting for admission, the people around pressed and crowded inconveniently upon him, when a young woman, putting her hand on his shoulder, said, "Sir, you are hurting me; the handle of your umbrella is running into my bosom." "I could not," he added, "help smiling at the time, for the handle of what she supposed my umbrella was the handle of my pistol, which I held concealed within my coat under my arm."

in which a man may, in this respect, unintentionally slightly overstep the line of prudence and propriety. The fact is observed by the *quasi* suspicious madman, and made the subject of deep thought and meditation, until the mind, being up to this period only in an incipient condition of lunacy, yields to the morbid mental suggestion that his wife has been actually unfaithful, and that the man who has been seen in apparent familiar converse with her is her seducer. Thus may a delusion—a dangerous, an insane delusion—a delusion based upon a distorted, perverted, irrational, and insane view of *actual circumstances*, originate and impel the person to destroy human life. I will imagine a case like M'Naughton's. A person is under a delusion that he is the victim of a conspiracy. His insanity may be somewhat general in its development—his delusions not, in the first instance, attaching to any one particular individual, or, in legal phraseology, his insanity is not yet “partial” in its manifestation.

It is possible that a man in such a state of mind may have some trifling claim upon the government for either insignificant services rendered to a Cabinet Minister, or on account of property sacrificed in defence of the Crown in one of our colonial possessions. He writes and demands compensation—extravagant compensation—for a questionable service rendered, and a still more doubtful injury sustained. He is told that his claims are all illusory. This disappointment preys upon his mind, until his bodily health becoming vitiated, and his mind palpably disordered, the idea of the wrong inflicted becomes a *fixed, false, and delusive impression*, exercising a tyrannical and autocratic sway over his passions and conduct. His disordered fancy fixes upon one of the government officials—it may be one of the clerks of the office with whose chief he has been in correspondence—and under the dominion of this phantom of his imagination, that he has a *bonâ fide* claim which will not be recognized, and rights which are unjustly ignored, he revenges himself by taking his life! Alter the circumstances, and it constitutes a type of case frequently coming under the observation of persons conversant with insanity. Many of the delusions of the insane may thus be traced to actual existing circumstances.



A merchant becomes to a degree affected in his pecuniary circumstances; he has sustained a trifling loss of property. This disturbs his thoughts, interferes with his regular sleep, and eventually damages the general health. His mind ultimately succumbs to the brain disorder, and symptoms of unmistakeable insanity appear. He is under a delusion that he is reduced to a state of abject poverty, declares that he is not worth a farthing, and asserts that he and his family must go to the workhouse. It is useless to reason with a man so insane. A clear statement of his affairs is laid before him, he listens heedlessly to the representations of his kind relations and friends, and appears to examine his banker's book with care, but nothing dissipates the delusion; there it remains a fixed, permanent impression of hallucination, until death puts a period to his unhappy life. This is a case of insanity springing out of actual circumstances; the disease of the mind evidencing itself in a false, perverted, insane, and irrational estimate of events that have in reality taken place. In many of these cases the mind is in an incipient state of disorder before the occurrence of the shock, and the palpable demonstration of derangement which afterwards exhibits itself is only a continuation of a previously existing state of mental alienation; but this does not in the slightest degree affect the principle for which I am contending,—that many commit offences against the law in an irresponsible state of insane mind, who are considered accountable agents and amenable to punishment, because they act under a delusion that they are redressing a supposed grievance; and, having some slight justification for their impressions, proceed and conduct themselves as a man in sane and healthy possession of his reason would under similar circumstances.

The law assumes that persons in an irresponsible state of insanity do not redress injuries like sane men; that they are oblivious to all feelings of revenge and resentment; that they are incapable of feeling the

“Whips and scorns of time,  
The oppressor's wrong—the proud man's contumely.”

So much for the rule of law laid down for the guidance of those into whose hands are entrusted the administration of justice—viz.,

that "notwithstanding the party (the insane party) committed a wrong act while laboring under the idea (delusion, I presume) that he was redressing a supposed grievance or injury (a fanciful and imaginary grievance and injury), or under the impression (hallucination) of obtaining some public or private benefit, he is liable to punishment." I maintain that this is an erroneous doctrine of responsibility in cases of alleged insanity, and an unsafe principle of law; because it is based upon false views of the true characteristics and phenomena of mental alienation. I am not now addressing myself to the consideration of incipient forms of disturbed mind, to *pseudo* states or phases of insanity, or to certain abnormal deviations from mental health, not amounting to derangement of mind; but to clearly, positively, and obviously developed insanity, associated with palpable and appreciable delusions or hallucinations. With reference to the legal doctrine of right and wrong as applied to cases of alleged insanity, I suggest no metaphysical objection. I use the words in their admitted and recognized legal acceptance. The word *wrong*, as Mr. Stephen observes, is "that which the *law* and not that which the *prisoner* considers wrong."

It is questionable whether the English language could produce two words so incapable of uniformity of construction as those of right and wrong when applied to criminal cases of insanity.

If the doctrine of right and wrong be admitted as a legal test, and acted upon as a principle of law, would it not (owing to the essential difference in the character of the cases of insanity to which it would be applied) be partial, restricted, and circumscribed in its operation? There are, undoubtedly, cases of insanity which come within the range of this test; but in many forms of mental disorder associated with an irresponsible condition of mind, the doctrine of right and wrong could not with justice or safety be relied upon.

If it be a fact that there are a large number of insane persons confined as lunatics, in whom this power of distinguishing between right and wrong, lawful and unlawful, good and evil, remains apparently intact, then, I ask, is it a safe standard of responsibility—a just principle of law?



I say advisedly, "apparently intact." A lunatic may have one or two prominent delusions, and in this state of disordered intellect retain the power of conversing coherently, rationally, and even with brilliancy, upon many subjects connected with science, literature, and the fine arts. He may even be competent to make a testamentary disposition of his property, and to transact ordinary matters of business with unusual shrewdness and a keen regard to self-interest; the fact of his brain being in a morbid state, in a condition of exalted function, may develop an amount of intelligence, acuteness, and sagacity he never exhibited previously to the attack of mental disorder. Hence the extreme cunning, cleverness, and design often exhibited by persons palpably insane. Men in a state of insanity become orators and poets, who previously to their illness were entirely ignorant of tropes, and innocent of ever having penned a stanza. But we must be careful not to confound such conditions of *morbid exaltation of thought and intelligence* with those complex operations of the mind, involved in the consideration of the question of right and wrong, under circumstances the most painful and trying that can occur to a human individual. In other words, I argue, that the capacity to draw nice distinctions between right and wrong—the power of correctly estimating the relation between a suggested line of action, and its penal consequences,—the ability to appreciate in a healthy manner the moral and legal principles laid down for the conduct of society, and the safety and protection of human life, are not to be confounded with an apparent lighting up of the intelligence so often witnessed in certain morbid conditions of the brain, disordering the operations of the mind. We are not justified in inferring, because the alleged lunatic exhibits more than the usual degree of cleverness, cunning, and sagacity, that therefore he is in a condition of intellect to weigh nicely and accurately (when impelled, in an insane state of mind, to commit an act of violence upon a fellow-creature who had subjected him to a slight provocation) the questions—Am I doing what is right? what is lawful? what is good? am I about to act in disobedience to human and Divine laws?

Dr. Ray has placed this question in a clear and forcible light :—

“ The first result, therefore, to which the doctrine leads, is, that no man can ever successfully plead insanity in defense of crime, because it can be said of no one, who would have occasion for such a defense, that he was unable in any case to distinguish right from wrong. To show the full merits of the question, however, it is necessary to examine more particularly how far this moral sentiment is affected by, and what relation it bears to, insanity. By that partial possession of the reasoning powers, which has been spoken of as enjoyed by maniacs generally, is meant to be implied the undiminished power of the mind to contemplate some objects or ideas in their customary relations, among which are those pertaining to their right or wrong, their good or evil, tendency ; and it must comprise the whole of these relations, else the individual is not sane on these points. A person may regard his child with the feelings natural to the paternal bosom, at the very moment he believes himself commanded by a voice from heaven to sacrifice this child, in order to secure its eternal happiness, than which, of course, he could not accomplish a greater good. The conviction of a maniac’s soundness of mind, on certain subjects, is based in part on the moral aspect in which he views those subjects ; for it would be folly to consider a person rational in reference to his parents and children, while he labors under an idea that it would be doing God’s service to kill them,—though he may talk rationally of their characters, dispositions, and habits of life, their chances of success in their occupations, their past circumstances, and of the feelings of affection which he has always cherished towards them.

“ Before, therefore, an individual can be accounted sane on a particular subject, it must appear that he regards it correctly, in all its relations to right and wrong. The slightest acquaintance with the insane will convince any one of the truth of this position. In no school of logic, in no assembly of the just, can we listen to closer and shrewder argumentation, to warmer exhortations to duty, to more glowing descriptions of the beauty of virtue, or more indignant denunciations of evil-doing, than in the hospitals and asylums for the insane. And yet many of these very people make no secret of entertaining notions utterly subversive of all moral propriety ; and, perhaps, are only waiting a favorable opportunity to execute some project of wild and cruel violence. The purest minds can not express greater horror and loathing of various crimes than madmen often do, and from precisely the same causes. Their abstract conceptions of crime, not being perverted by the influence of disease, present its hideous outlines as strongly defined as they ever were in the healthiest condition ; and the disapprobation they express at the sight arises from sincere and honest convictions. The *particular*



criminal act, however, becomes divorced in their minds from its relations to crime in the *abstract*; and, being regarded only in connection with some favorite object which it may help to obtain, and which they see no reason to refrain from pursuing, is viewed, in fact, as of a highly laudable and meritorious nature. Herein, then, consists their insanity; not in preferring vice to virtue, in applauding crime and ridiculing justice, but in being unable to discern the essential identity of nature between a particular crime and all other crimes, whereby they are led to approve what in general terms they have already condemned."

Mr. Stephen, although he argues in favor of this doctrine of criminal responsibility, appears to consider that the question might with safety be modified. As suggested by this gentleman, the case would be put thus to the jury:—"Was the prisoner prevented by mental disease from appreciating the reasons for which the law has forbidden the crime of which he is accused, or from applying them to his own case?" I would add to these questions these words:—and was he able to exercise a healthy volition in the matter?—had his mental disease destroyed his powers of free-will *quoad* the crime of which he stands accused? A paralytic may know that, under certain conditions of danger, the only safety is in flight. He is conscious of the fact, but his *motor* power is gone. It is so with many lunatics; they know what is right, and bitterly lament their sad loss of volitional power, as well as their incapacity to act in obedience to their notions of what is right and just. This will be more apparent when I address myself to the consideration of the subject of Homicidal Insanity.

I proceed next in order to the question of Partial Insanity. Lord Hale says:—

"There is a partial insanity, and a total insanity of mind. The former is either in respect of things *quoad hoc vel illud insanire*; some persons that have a competent use of reason in respect of some subjects are yet under a particular *dementia* in respect of some particular discourses, subjects, or applications; or else it is partial in respect of degrees; and this is the condition of very many, especially melancholy persons, who for the most part discover their defect in excessive fears and griefs, and yet are not wholly destitute of reason; and this partial insanity seems not to excuse them in the committing of any offense for its matter capital; for, doubtless, most persons that

are felons of themselves, and others, are under a degree of partial insanity when they commit these offenses. It is very difficult to define the invisible line that divides perfect and partial insanity : but it must rest upon circumstances duly to be weighed and considered both by judge and jury ; lest on the one side there be a kind of inhumanity towards the defects of human nature ; or, on the other side, too great an indulgence given to great crimes.”

And the same learned judge adds, “ that the best measure is this, —such a person as is laboring under melancholy distempers hath yet ordinarily as great understanding as ordinarily a child of fourteen years hath, is such a person as may be guilty of treason or felony ?”\*

“ The term partial insanity,” says Collinson, “ imports that a person is insane on one or more particular subjects only, and sane in other respects.” Lord Lyndhurst, who takes a more enlarged view of the subject of partial insanity, thus defines it :—He says, “ the mind is not unsound on one point only and sound in all other respects, but this unsoundness manifests itself principally with reference to some particular object or person.” But other authorities use the term in a restricted *sense*, synonymously with that type of mental disease called “ monomania,” or delusion upon one prominent topic or directed to one particular person, the mind being sound on all other subjects. Accepting this as the legal signification of the term, I ask—Is there a condition of mind which can be correctly designated as partial insanity or monomania ?

Considering the matter metaphysically, I would observe, that we can not disentangle and separate the intellectual faculties as we can the threads of a skein of silk, and say this faculty of the mind operates by itself, and that faculty is independent of the other powers of the intellect, and another state of the mind is isolated from all other conditions of mental manifestation. This is contrary to the first and elementary principles of the science of mental philosophy.

Sir William Hamilton remarks :—

“ It should ever be remembered that the various mental faculties are only possible in and through each other ; and our psychological analyses do not suppose any real distinction of the operations which

\* Hale’s P. C. 30.



we discriminate by different names. Thought and volition can no more be exerted apart than the sides and angles of a square can exist separately from each other."

Whatever classification of the faculties of the mind the metaphysical philosopher may adopt, whether it be the general division of the mind made by the ancients into the powers of the understanding, and the powers of the will, these faculties never were presumed to be so many distinct and separate entities, capable of acting independently of each other; but they have always been regarded as links of the same chain, elements of the same intellectual system. The idea of disease being restricted to one faculty of the mind, and uninfluencing other powers of the intellect, is opposed to the metaphysical theory of the unity of the consciousness. If I may quote Holy Scripture in illustration of this subject, I would refer to a portion of the 12th chapter of the 1st Book of Corinthians, in which, speaking of the indivisibility of the body, and unity of physical operation, this great principle is lucidly enunciated:—"If the foot shall say, Because I am not the hand, I am not of the body; is it therefore not of the body? And if the ear shall say, Because I am not the eye, I am not of the body; is it therefore not of the body? If the whole body *were* an eye, where *were* the hearing? If the whole *were* hearing, where *were* the smelling? But now hath God set the members every one of them in the body, as it hath pleased him. And if they were all one member, where *were* the body? But now *are they* many members, yet but one body. And the eye can not say unto the hand, I have no need of thee; nor again the head to the feet, I have no need of you. And whether one member suffer, all the members suffer with it; or one member be honored, all the members rejoice with it."

Apply this principle to the operations of the mind, and inquire whether the memory can say to the attention, I have no connection with you; whether the reflective powers can say to the judgment and reason, I am independent of your co-operation; whether the will can stand aloof from the imagination; and, to speak more generally, whether the active can exist apart from the passive powers

of the mind ; whether the moral faculties can exercise an independent sovereignty and dominion without influencing and calling into active operation the intellectual portion of man's complex organization ?

Is there not a mysterious, inscrutable, and inexplicable *oneness* in the constitution of the human mind, defying all attempts at an accurate and minute classification and separation of its powers ? If such a state of mutual dependence, action, and union obtains between various states of mind (I will not use the arbitrary terms "faculty" or "power") in a condition of health, *à fortiori* how impossible is it to disjoint, separate, and individualize the mental faculties when under the influence of disease ? Can we draw the line of demarkation between a diseased and healthy condition of the delicate structure of the vesicular neurine of the brain ? Is it not obviously impossible for the most experienced anatomist to say, This is the territory which separates the morbid from the healthy portion of the brain ? or for the physician to assert such an extent of disorder of the mind is consistent with safety and responsibility, but beyond the boundary, danger and irresponsibility commence ?

When speaking of partial insanity, as an accepted legal phase and type of mental derangement, Lord Brougham remarks :—

"We must keep always in view that which the inaccuracy of ordinary language inclines us to forget, that the mind is one and indivisible ; that when we speak of its different powers or faculties—as memory, imagination, consciousness—we speak metaphorically, likening the mind to the body, as if it had members or compartments ; whereas, in all accuracy of speech, we mean to speak of the mind acting variously—that is, remembering, fancying, reflecting ; the same mind, in all these operations being the agent. We therefore, cannot, in any correctness of language, speak of general or partial insanity ; but we may, most accurately, speak of the mind exerting itself in consciousness without cloud or imperfection, but being morbid when it fancies ; and so its owner may have a diseased imagination ; or the imagination may not be diseased, and yet the memory may be impaired, and the owner be said to have lost his memory. In these cases, we do not mean that the mind has one faculty—as consciousness—sound, while another—as memory or imagination—is diseased ; but that the mind is sound when reflecting on its own operations, and diseased when exercising the combination termed



imagining, or casting the retrospect called recollection. This view of the subject, though apparently simple, and almost too unquestionable to require, or even justify, a formal statement, is of considerable importance when we come to examine cases of what are called, incorrectly, partial insanity, which would be better described by the phrase 'insanity' or 'unsoundness,' always existing, though only occasionally manifest."

But, apart altogether from the metaphysical objection to the theory, let us for a moment consider whether such a form of disease as partial insanity or monomania comes under the observation of the practical physician. There are undoubtedly, forms of insanity in which there is an unhealthy *predominance* and exaltation given to particular mental *impressions* or *delusions*; that certain states of morbid thought and feeling stand out in bold and prominent relief, giving, as it were, a character or type to the mental disease; *but I never yet saw a case of alienation of mind in which the delusion or hallucination was in reality confined to one or two ideas, those ideas exercising no influence over the conduct of the person, and not implicating, to a certain degree, the other faculties of the mind.* It is impossible to circumscribe the operation of morbid conditions of thought, or to draw a line of demarkation between those states of mind that are clearly under the influence of disease, and those operations or faculties of the intellect that remain apparently unaffected. A man believes himself to be our Saviour, or Mahomet the prophet. Apparently the man's mind is sound upon all other points; but within what limits can we confine and restrain the influence of so serious a delusion?

A slight accession of bodily disease, a severe attack of indigestion, congestion of the liver, or a torpid state of the bowels, may make all the difference between security and safety in such a case. A person laboring under the dominion of one palpable, insane delusion or hallucination (I am now using the term delusion in its strictly medical acceptation), ought not to be treated *quoad* the question of criminality as a sane and rational man. But let me for a minute revert to the question as to the existence of partial insanity, or monomania. Foville, a French physician of great celebrity, who had for many

years the medical charge of the Charenton Lunatic Asylum near Paris, when speaking of monomania, observes :—

“ Monomania consists in a delirium, partial and circumscribed to a small number of objects. Monomania, in its most simple condition, is excessively rare ; the number of patients who only rave on one subject is *infinitely small* compared to the number of those who are *called* monomaniacs. Under this head are often confounded all those who have some habitual dominant idea. I have only seen two cases which rigorously merit the name, and these two even were affected from time to time with more extended delirium.”

He again remarks :—

“ Let any one examine the hospitals of Paris, of Bicêtre, of Charenton, and he will see that amongst the thousands of insane, there is scarcely one true monomaniac, *perhaps not one*. Insanity attacks principally, at one time the intellectual, at another the moral or affective faculties ; and, again, the sensations and movements. Each of these may be more or less affected than the others ; and so, when the intellect, *without being unaffected*, is less deeply involved than the other faculties, we fall into the error of considering it sound, and call these monomaniacs. Indeed, it seems to me as though the descriptions of monomania had been written *upon the word*, and not from nature ; that is to say, that writers have described what *might* merit the title of monomania, but of which they can find no instance in practice.”

Moreau, also a great authority in France, says :—

“ It is impossible to admit that the intellectual faculties can be modified in a partial manner. In the slightest as well as the most severe forms of insanity, there is necessarily a complete metamorphosis—a radical and absolute transformation of all the mental powers of the ONE. In other words, we are insane or we are not insane ; we cannot be half deranged, or three-quarters, full face or profile.”

Baillarger, an eminent French psychological physician, adopts the same view of the question, and maintains that the alleged monomaniacal idea is more frequently *predominant* than *exclusive*. If we look to Germany, we find the first psychological authority of that country, Damerow, declaring that “ he never knew a case of the disease of the mind called monomania, in which there was not a fundamental, general psychical disorder.”

When addressing himself to the subject of monomania, Mr. Ste-



phen remarks, that "monomaniacs are capable of acting quite rationally upon a variety of subjects except those which they connect with their delusions." Apparently, such is the fact. If a person be under a delusion—an insane delusion—that he is a pauper, he having at the time large landed possessions, as well as a considerable balance at his banker's; if that be his hallucination, how can it be safely predicated that all his thoughts and feeling may not be materially tainted and influenced by his morbid state of mind? He may be able to solve a problem in mathematics—he may have the power of writing a consistent letter on business to his solicitor—and on some subjects, involving an exercise of the intellectual faculties, his mind may appear sound; but on matters which are likely to call into play his passions, feelings and affections, or to tax severely the emotions, his power of acting sanely and responsibly may be altogether destroyed. I maintain that it is not right to place a man whose mind is palpably deranged, even although to a partial extent (adopting the legal term,) in the same class with sane persons, and expect him, under circumstances of great irritation and provocation, to act as the law would require him to act if he were in possession of a sane mind, and a healthy control over his passions.

A man was tried many years back for murdering a stranger whom he accidentally met in a country lane, because he refused, when asked, to give him twopence (that being the sum of money he begged for, at a time when he was proved to be suffering acutely from the pangs of hunger). This man was found guilty and executed. I was at the time much interested in his case, for the evidence of his state of mental disorder (previously to the commission of the murder) was, to my mind, strong and conclusive. It occurred to me that his conduct was quite inconsistent with the hypothesis of sanity—that no man in possession of his reason would have been driven to so horrible an extremity by so trifling a provocation. I, with others, ineffectually interceded with the Secretary of State in his behalf, and endeavored to save him from the gallows.

As a principle, it may be laid down that a man in a sane state of mind is in a condition to weigh the legal consequences of a sug-

gested criminal line of conduct; there is generally a healthy correspondence between the offence and the action springing out of it.

Before I proceed to the consideration of Homicidal Monomania, and to those morbid states of alleged criminal irresponsibility connected with what are termed blind and irresistible impulses, I would premise that I have always taken exception to these phrases; I think they are unfortunate and unhappy nosological designations of admitted and accepted states of mental disorder associated with a desire to destroy life.

The terms "homicidal monomania," "blind and irresistible impulse," are, I admit, open to grave objections, and to serious abuse. Of the existence of a type of insanity without delirium or apparent delusion, suddenly manifesting itself, and impelling its miserable victims to destroy those nearest and dearest to them, there cannot be a question. There are other cases (and such will be found in most lunatic asylums) in which the mind of the patient appears to be absorbed with one horrible homicidal idea, that being the predominant and characteristic symptom of the mental alienation. A case is recorded in a French journal of a man whose state of mind was made the subject of judicial investigation in France, who for twenty-six years was haunted by an intense desire to destroy human life. He freely confessed that his mind had for this long period been absorbed in this *one* idea.

The Report of the official authorities declared that this man appeared in other respects of sound mind. I subjoin the official account of this remarkable case:—

"I, the undersigned, William Calmeilles, health officer, residing in the principal town of the Canton of Cazals (Lot), certify to all whom it may concern, that upon the requisition of the mayor of the commune of Marminiat, I have this day been to the village of Brunet, in the aforesaid commune of Marminiat, to decide upon the mental condition of a person named John Glenadel, a husbandman, dwelling in the said village of Brunet.

"I found Glenadel sitting upon his bed, having a cord around his neck, fastened by the other end to the head of the bed; his arms were also tied together at the wrist with another cord. In giving my Report, I do not believe that it can be better made than by re-



ording the conversation which took place between Glenadel and myself, in the presence of his brother and sister-in-law.

“ *Question.* Are you unwell ?

“ *Answer.* I am very well ; my health is excellent.

“ *Q.* What is your name ?

“ *A.* John Glenadel.

“ *Q.* What is your age ?

“ *A.* I am forty-three ; I was born in '96 ; see if this is not correct.

“ *Q.* Is it by compulsion or by your own consent that you are bound in this manner ?

“ *A.* It is not only by my consent, but I demanded that it should be done.

“ *Q.* Why is this ?

“ *A.* To restrain me from committing a crime of which I have the greatest horror, and which, in spite of myself, I am constantly impelled to execute.

“ *Q.* What is this crime ?

“ *A.* I have one thought which constantly torments me, and which I can not conquer—that I must kill my sister-in-law ; and I should do it were I not restrained.

“ *Q.* How long have you had this idea ?

“ *A.* About six or seven years.

“ *Q.* Have you any cause of complaint against your sister-in-law ?

“ *A.* Not the least, monsieur ; it is only this one unfortunate idea which troubles me, and I feel that I must put it in execution.

“ *Q.* Have you ever thought of killing any one besides your sister-in-law ?

“ *A.* I at first thought of killing my mother ; this thought seized me when I was fifteen or sixteen years old, at the age of puberty, in 1812, as I well recollect. Since that time I have not passed one happy hour ; I have been the most miserable of men.

“ *Q.* Did you conquer this unfortunate idea ?

“ *A.* In 1822, I could no longer resist, I being at that time twenty-five or six years of age ; and to remove this unfortunate inclination, I joined the army in the capacity of a substitute. I was two years in Spain with my regiment, and then returned to France, but this fixed idea followed me everywhere ; more than once I was tempted to desert, to go and kill my mother. In 1826 they gave me an unlimited furlough, although it was unsolicited by me, and I returned to my father's house, my fatal idea returning with me. I passed four years with my mother, always having an almost irresistible inclination to kill her.

“ *Q.* What did you do then ?

“ *A.* Then, monsieur, seeing that I should inevitably commit a crime which terrified me and filled me with horror, I, in 1830, re-joined the army, that I might not succumb to this temptation. I

left for the second time my father's house, but my fixed idea again followed me, and at last I almost decided to desert, that I might go and kill my mother.

“ Q. Did you have any cause of complaint against your mother ?

“ A. No, monsieur, I loved her very much ; thus, before starting, I said to myself, ‘ Shall I kill that mother who has exercised so much care over me during my infancy, and who has loved me so well, although I have entertained this fatal thought against her ? I will not do it ; but I must kill some one.’ It was then that the thought of killing my sister-in-law first occurred to me ; I have a distinct recollection of this, I being at that time in Dax, and it was in the year 1832. It was then announced to me that my sister-in-law was dead, which was a mistake, it being another relative who had died. I then accepted of the furlough they had offered me, which I should by no means have done had I known that my sister-in-law was still living. When I reached my home, and was informed that she was not dead, I experienced such a sinking and depression of spirits that I became quite sick, and my idea resumed its course.

“ Q. What instrument do you choose with which to kill your sister-in-law ?

“ Here Glenadel was much affected ; his eyes were bathed in tears ; and looking towards his sister-in-law, he replied—‘ That instrument which would inflict the least pain ! But however that may be, the time approaches, I perceive, when she must die, and this as certain as God lives.’

“ Q. Do you not dread to inflict so much misery and anguish upon your brother and your little nephews ?

“ A. The thought of this has troubled me somewhat, but I should receive the punishment due to my crime, and should neither see nor know any thing of their affliction ; the world would rid itself of a monster such as me, and I should cease to live. I should not expect after this to see a single hour of happiness.

“ It here occurred to me that M. Grandsault, of Salviat, my companion and friend, who is at present in Paris, had told me, about a year before, of a young man who, some years previously, had come, accompanied by his mother, to consult him as to his own case, which presented many features very similar to those exhibited by Glenadel. As these cases are so very uncommon, I thought that, perhaps, this person and Glenadel might prove to be the same. I therefore asked him if it was he who had consulted my friend, and he replied in the affirmative.

“ Q. What did M. Grandsault counsel you ?

“ A. He gave me most valuable advice, and he also bled me.

“ Q. Did you experience any benefit from this bleeding ?

“ A. Not the least ; my unfortunate idea pursued me with the same force.



“ Q. I am about to make a Report upon your mental condition, from which will be decided whether you shall be placed in an hospital where you may recover from your insanity.

“ A. My recovery is impossible ; but make your Report as quick as possible—time presses. I can control myself but a little longer.

“ Q. It must be that your parents have instilled into your mind correct moral principles, that they have set before you good examples, and that you yourself have possessed a virtuous mind, to have resisted so long a time this terrible temptation. Here Glenadel was again much afflicted ; he shed tears, and replied, ‘ You are correct in this, monsieur ; but this resistance is more painful than death. I know that I can resist but little longer, and I shall kill my sister-in-law unless I am restrained, as sure as there is a God.’

“ ‘ Glenadel,’ said I to him, ‘ before leaving you, let me ask of you one favor : resist still some days longer, and you shall not see your sister-in-law for a long time, as we will so arrange matters that you can leave here, since you so much desire it.’

“ ‘ Monsieur, I thank you, and I will make arrangement to comply with your recommendation.’

“ I left the house, and as I was about to mount my horse, Glenadel called me back, and when I had approached near to him, he said to me, ‘ Tell these gentlemen that I beseech them to put me in some place from whence it will be impossible for me to escape, for I should make attempts to do so ; and were I to succeed in getting away, my sister-in-law would have to die, for I could not avoid killing her ; tell these gentlemen that it is my own self who has said this to you.’ I assured him that I would do this ; but as I saw that he was in a state of great excitement, I asked him if the cord which bound his arms was strong enough, and if he did not think that by a strong effort he could break it. He made an attempt, and then said, ‘ I fear that I might.’ ‘ But if I should procure for you something that would confine your arms still more securely, would you accept of it ?’ ‘ With thanks, monsieur.’ ‘ Then I will ask the commander of the *gendarmes* to give me that with which he is accustomed to confine the arms of prisoners, and I will send it to you.’ ‘ You will confer upon me a great favor.’

“ I purposed to make many visits to Glenadel, so as to entirely satisfy myself as to his mental condition ; but after the long and painful conversation which I held with him, after what my friend M. Grandsault had told me, after what had been said to me by the brother and sister-in-law of Glenadel, who are so much afflicted at the sad condition of their unfortunate brother, I became well convinced, without farther observation, that John Glenadel was affected with that form of insanity called monomania, characterized in his case

by an irresistible inclination to murder—the monomania with which Papavoine and others, fortunately but a small number, were affected.

“Signed at Brunet, in the commune of Marminiat.

“CALMEILLES, *Health Officer*.

“May 21, 1839.”

Catherine Zeigler was tried at Vienna for the murder of her bastard child. She confessed the act, and said she could not possibly help it; she was forced to do it; she could not resist the desire to commit the murder. The frankness of this her confession, connected with her good character, induced the tribunal to pass a merciful sentence; and on the ground of insanity (which she did not herself plead), she was acquitted, and at length released from prison. But she told the Court, that if they let her escape, they would be responsible for the next murder she committed, for that if she ever had a child again she would certainly kill it. And so, in fact, she did. About ten months after her release from prison, she was delivered of a child, which she soon murdered.

Brought again to her trial, she repeated her old story, and added that she became pregnant merely for the sake of having a child to kill. She was executed for this second murder.

A female was admitted a few years back into the Royal Edinburgh Lunatic Asylum; she had no appreciable disorder of the intellectual powers; she labored under no delusions. She had a simple abstract desire to kill, or rather, for it took a specific form, to strangle. She made repeated attempts to effect her purpose, attacking every person who came near her, even her own relatives. It appeared to be a matter of indifference to her whom she strangled, so that she succeeded in killing some one. She recovered, under strict discipline, so much self-control as to be permitted to work in the washing-house and laundry; but she still continued to assert that “she must do it;” that “she was certain she would do it some day;” that “she could not help it;” that “surely no one had ever suffered as she had done;” “was not hers an awful case?” And approaching any one, she would gently bring her hand near their throat, and say, mildly and persuasively, “I would just like to do it.” She frequently expressed a wish that all the men and women



in the world had only one neck, that she might strangle it. Yet this female had a kind and amiable disposition; was beloved by her fellow-patients; so much so, that one of them insisted on sleeping with her, although she herself declared that she was afraid she would not be able to resist the impulse to get up during the night and strangle her. She had been a very religious woman, exemplary in her conduct, very fond of attending prayer-meetings and of visiting the sick, praying with them, and reading the Scriptures, or repeating to them the sermons she had heard. It was her second attack of insanity. During the former she had attempted suicide.

The disease was hereditary, and it may be believed that she was strongly predisposed to morbid impulses of this character, when it is stated that her sister and mother both committed suicide. There could be no doubt as to the sincerity of her morbid desires. She was brought to the institution under very severe restraint, and the parties who brought her were under great alarm upon the restraint being removed. After its removal, she made repeated and very determined attacks upon the other patients, the attendants, and the officers of the asylum, and was only brought to exercise sufficient self-control by a system of rigid discipline.

This female was perfectly aware that her impulses were wrong, and that if she had committed any act of violence under their influence, she would have been exposed to punishment. She deplored in piteous terms the horrible propensity.

A few years ago, a gentleman presented himself at a metropolitan lunatic asylum, and begged that he might be received as a patient. He stated that he had just left his solicitor, from whom he, in fact, brought a letter of introduction confirming his account of himself, and that it was necessary he should be placed under some form of restraint, for he had an irresistible desire to murder his wife or one of his children. He then added, that the preceding day he was walking in his garden, when he saw his wife and little girl approaching him. His eye at the same moment caught the sight of a hatchet lying on the gravel walk, and he described that he had the greatest struggle with himself to escape out of the garden before he seized it to strike, perhaps fatally, one or other of them.

He loved his wife and child, he affirmed, dearly ; but the homicidal idea haunted him continually, and he felt that he could not trust himself alone in their presence. It should be added, that the last night he slept at home, he did attempt in the middle of the night to strangle his wife, and would have succeeded had not her cries in the scuffle brought in timely assistance. In the midst of all this, during the explanation he gave of his case, he expressed himself well and rationally. His intellect appeared to be unclouded ; and it turned out that he was at the same time in communication with his solicitor respecting some proceedings in the Court of Chancery, upon which he gave perfectly sane instructions. I will cite but one additional illustration of this type of insanity. The lunatic in question murdered his wife, and afterwards became a criminal inmate of the State Lunatic Asylum of Massachusetts. He gave the following account of his crime. On the morning of the murder the man was sitting with his wife. He was in a state of excitement ; and in these circumstances the noise of the children always disturbed him. In order to render all quiet, the children were sent into a field to play or labor ; he and his wife sat by the fire—he on one side, indulging in the gloomiest forebodings ; she at work on the other side, doing all in her power to console and comfort him.

After a while she arose, went to the cupboard and poured some wine into a tumbler, brought it to him, and said, in the most cheerful manner, “ Come, let us drink and forget our sorrow, and remember our poverty no more.” She tasted the wine, and handed it to him, and he drank, and said, in reply, “ *I wish it might kill me,*” or, “ I might die.” She took her seat again by the fire, and went to her work ; he arose soon after, without any particular object or design, and walked into an adjoining room. In a moment the idea of Samson and the weaver’s beam rushed into his mind ; he instantly seized a weapon which was before him, stepped behind his wife, and gave her the fatal blow. The man, during his confinement, often spoke of the amiable disposition of his wife ; he declared that he had no fancied direction from higher powers, and that the thought of killing her never entered his mind until that impulse came upon



him, and that it was as sudden as possible, and wholly irresistible. He also spoke of his having made many attempts to commit suicide.

When speaking of insane "irresistible impulses," Mr. Stephen remarks :—

"If the law is to rest satisfied with proof not of an *irresistible*, but merely of an *unresisted* impulse, it gives a sanction to all sorts of crime."

In many conditions of disordered brain and mind, the patient suffers acutely from those "resisted" impulses and morbid mental suggestions. This is one of the most distressing types of nervous and mind disorder coming within the range of the physician's observation and treatment. In many cases, the unhappy patient is fully and painfully conscious of his morbid condition of thought ; and it occasionally happens that so acute is the agony of mind consequent upon the struggle to conquer these suggestions, that relief is sought for in suicide. In this stage of consciousness the patient is occasionally able to appreciate that his sensations are perverted, his thoughts morbid, perceptions false, and his impulses wrongly directed.

Dr. Rush refers to the case of a lady, who prayed fervently that she might be relieved from the horror of her own morbid thoughts by a complete loss of reason !

This terrible consciousness of the approach of insanity, and of the actual existence of the malady, is one of the saddest features in this mysterious disease. The fact has not escaped the wonderful penetration of our great dramatic poet. When Gloster is suffering from profound grief, consequent upon his recognition of Lear's insanity, he exclaims, in the bitterness of his wild despair :—

"The king is mad—how stiff is my vile sense,  
That I stand up, and have ingenious feeling  
Of my huge sorrows ! Better *I were distract ;*  
*So should my thoughts be severed from my griefs,*  
*And woes by wrong imaginations lose*  
*The knowledge of themselves."*

"Such a state as mine," writes a patient, "you are probably unacquainted with, notwithstanding all your experience. I am not conscious of the suspension or decay of any of the powers of my mind.

I am as well able as ever I was to attend to my business ; my family suppose me in health, yet the horrors of a madhouse are staring me in the face. I am a martyr to a species of persecution from within, which is becoming intolerable. I am urged to say the most shocking things—blasphemous and obscene words are ever on the tip of my tongue. Hitherto, thank God ! I have been enabled to resist ; but I often think I must yield at last, and then I shall be disgraced forever and ruined. I solemnly assure you that I hear a voice which seems to be within me, prompting me to utter what I would turn from with disgust if uttered by another. If I were not afraid that you would smile, I should say there is no way of accounting for these extraordinary articulate whisperings, but by supposing that an evil spirit has obtained possession of me for the time ; my state is so wretched, that, compared with what I suffer, pain or sickness would appear but trifling evils.”\*

All crime is alleged to spring from an unresisted and uncontrolled impulse ; and a distinguished judge once declared from the bench, when reference was made to the subject of morbid irresistible impulses, that it was one of the objects of punishment to teach men, viciously and criminally disposed, the duty and necessity of restraining their wicked inclinations and impulses. No one doubts the correctness of this principle. But surely it is unphilosophic not to draw a right distinction between a *normal* and *healthy* disposition to crime, and those occasionally resisted and often unhappily irresistible tendencies to what the law considers wicked, vicious, criminal, and punishable acts, clearly connected with, and originating in, a *pathological* condition of the material instrument of thought disordering the mental operations. Was not this distinction entirely lost sight of when Lord Hale committed himself to the dogma that “all crime was partial insanity ?” and did not a non-recognition of this great principle lead Dr. Haslam to declare that no mind was sound except that of the Deity ? There are *insane* impulses, and *healthy* impulses, to crime and vice ; and I think no person acquainted with the phenomena of diseased mind would confound one condition with the other.

A person may, with the object of obtaining some great pecuniary

\* “Essays on Partial Derangement of the Mind in Supposed Connection with Religion,” by the late John Cheyne, M. D., pp. 64-5.



compensation, set fire to his house; another man, with no possible chance or hope of advantage or gain, does the same thing under the influence of an insane impulse. A mother murders her child, to destroy all evidence of her moral delinquency; another mother sacrifices the life of her offspring, to which she is tenderly attached, under the terrible dominion of a morbid desire to destroy.\* A person in a drunken brawl quarrels with his wife because she refuses to supply him with intoxicating drink, and ends by destroying her life; another man, he may be a devoted, affectionate, and loving husband, without exhibiting any previous evidence of insanity, being seized with an attack of homicidal frenzy, rushes upon his wife and cuts her throat! A man may enter a shop, and purloin some article of value; another person, moving in good society, and of high and unimpeachable integrity, and above want, may, in a state of mental disorder, commit a similar offense, conscious at the time of the certainty of detection, disgrace, ruin, and punishment. One man practices his profession as a thief—it is his vocation; the other person commits a motiveless crime under the influence of a morbid, insane, and irresistible impulse. I readily admit that such cases require to be most jealously scrutinized. I do not, however, think there can be much practical difficulty in diagnosing and discriminating judicially between the two classes of cases.

To revert, however, to the subject of resisted insane impulses.

Patients often complain of being subject to this type of mental disorder, and feel the necessity for restraint and medical treatment. The suggestion to self-destruction and commission of homicide, without any other evidence of insanity in the popular acceptance of the term, is a common symptom of disorder of the brain and nervous system. The patient, in describing his mental state to his physician, says that the suggestion is “cut your throat,”—“poison,”—“drown yourself,”—“cut your wife’s throat,”—“murder your child,”—“poison him.” Persons in this state of mind (notwithstanding the presence of great disturbance of the functions of the brain, and disorder

\* An occasional occurrence in puerperal insanity.

of the general health) are able to resist, for a period, these insane suggestions and impulses; but if they should yield to them, and the suggestion be an *irresistible* instead of a *resisted* one, what would Mr. Stephen's opinion be of their legal responsibility in relation to any offence they might commit?

A lady of strong devotional feelings, subject to great nervous disorder, could not repeat the Lord's prayer without being compelled from within (as she described it) to say, "Our Father, who art in HELL." She could not say "Heaven," although she tried to do so. This poor lady (whose mind was strongly imbued with religious sentiments) suffered great agony of mind in consequence of this horrible suggestion.

I was acquainted with a gentleman—a man of great accomplishments, of high order of intellect, of known literary reputation, and of great personal worth—whose mind was for years tortured with morbid suggestions to utter obscene and blasphemous expressions. He eventually destroyed himself; and in a letter which he wrote to me a few days before committing suicide, and which did not reach me until after his death, he said his life was embittered and made wretched by these terrible suggestions; but he thanked God that he had never once yielded to them, and that, although he was a Christian in principle, he felt he was not sinning against God by committing self-destruction, with the object of effectually destroying all chance of his giving utterance to thoughts that might contaminate the minds and morals of others! This was a case of *resisted* suggestion, as far as the thoughts were concerned.

At the Norwich Assizes, in the summer of 1805, Thomas Callaby was tried for the murder of his grandchild. A witness found the prisoner sitting at the side of his bed, one morning in March, about four o'clock: he had dreadfully wounded his wife in different parts of her body. The prisoner's daughter brought down the child with its throat cut; the bloody knife was in the room, and he was charged with, and confessed his crimes, but said, "I do not care anything about it; my wife has heard me say a short time before that I *should certainly murder some one, and I begged to be confined.*" It further appeared in evidence, that he knew when his paroxysms were



coming on; and on these occasions he had been known to tie himself down to the floor!

This affords a good illustration of a *resisted*, eventually becoming an *irresistible* impulse; but was not this wretched man as insane when he tied himself down to the floor, and requested his wife to place him in confinement, as when he yielded to the impulse and cut the throat of his grandchild?

Time will not admit of my considering the last division of my subject—namely, those mixed cases of passion, crime, and insanity, associated with a certain diseased temperament and hereditary tendency to mental disease, which, to my mind, clearly justify the merciful consideration of the Court, and some modification of punishment. Take for illustration the case of Lord Ferrers. The crime in this case is said to have been the result of deep-seated revenge. But what was his proved state of mind antecedent to the murder? It was established at his trial that he had long been the subject of *unfounded suspicions of plots and conspiracies, ravings, sudden attacks of fury, denunciations of unprovoked revenge, frantic and insane gesticulations*; that he was in the habit of standing before a glass, spitting and shaking his fist at his reflected image. Lunacy was hereditary in the family, and affected several of his relations. A *solicitor of reputation renounced his business on the full persuasion of his being disordered in his brain*. And long before the murder of his steward, his nearest relations had deliberated on the expediency of taking out a commission of lunacy against him. *Previously to his separation from Lady Ferrers, his violence of disposition was so conspicuous, that one of the peers declared from his seat in the House of Lords that he looked upon him as a maniac, and that if some effectual step was not taken to divest him of the power of doing mischief, he did not doubt but that they should have occasion to try him for murder*. After he shot Mr. Johnson, Lord Ferrers appeared to be conscious of his crime, and showed symptoms of pity; but when the surgeon had dressed the wound, the Earl declared to Mr. Johnson's daughter, as well as to the surgeon, that he intended to kill him, *and did not repent what he had done*, for Johnson was

a villain who deserved his fate. He then drank to intoxication, when his hatred became so excited, that he said "*he would not allow the wounded man to be removed to his own house; that he would keep him near himself in order to plague the villain.*" He then retired to his room, *abused and insulted Mr. Johnson, and threatened to shoot him through the head, and was with difficulty restrained from acts of violence.* Even at the moment of death, Lord Ferrers gave evidence of a questionable state of mind. It is recorded that he proceeded to Tyburn in his own carriage drawn by six horses, *dressed gaily for the occasion in a light-colored suit of clothes embroidered with silver;* and addressing himself to the sheriff, who appeared struck at his singular costume, Lord Ferrers remarked, "You may perhaps think it strange to see me in this dress; but I have my particular reasons for it." Although displeased at being hanged like a common felon, he behaved with propriety and composure, and took an opportunity of declaring he had *no malice* against Mr. Johnson, and that the *murder was committed in a perturbation of mind, occasioned by a variety of crosses and vexations,* but stoutly disclaimed being insane, having had recourse to this plea solely to satisfy his friends. Was not this a case of doubtful sanity, and one of modified responsibility? And would not the claims of justice have been satisfied if Lord Ferrers had been subjected to the severest punishment the law could inflict short of actual death upon the scaffold?

Analogous cases are occasionally recognised in our courts of law, and are acquitted of the capital offence, even when no marked symptoms of mental aberration are proved to have existed.

Mallandine was tried on the charge of attempting to murder her son. She was an unmarried woman, twenty-eight years of age; the child was a boy of six or seven. She was seen to throw him into the Regent's Canal at Haggerstone; and she would have plunged in herself, but a passenger came up and prevented her. The boy was rescued, and she was detained. She then proved to be in a state of wild excitement, brought on by distress. Her counsel, Mr. Cooper, suggested to the jury that the evidence disclosed such a state of



mind as did not amount to actual insanity, but prevented her from being aware of the effect of what she was doing. On that argument, apparently, the jury pronounced a verdict of acquittal.

Some years back, a man named Harrison was tried for murder in Scotland, respecting whom the following facts were established:—“He had a wish to join the sect of Quakers, and attended the meetings of that persuasion for some months, where he paid no attention to the worship, but muttered to himself, smelt his Bible, and pricked himself with pins or needles until he lost a considerable quantity of blood. On one occasion he demanded instant admission to the society. He went more than once to the meeting-house early in the morning, and was seen to kneel, and heard to invoke the Virgin Mary, while he wounded himself over with both hands, and smeared the doors with his blood. He habitually wounded his hands, wrists, and arms with needles or pins. He was in the habit of sucking the blood from his own wrists after every two or three mouthfuls of food.” Many attempts were made to convince the authorities that these were not the manifestations of a perfectly healthy mind; but they were disregarded, and the poor wretch underwent the penalty of the law.

Much discussion arose at the time of Weston’s acquittal for the murder of Mr. Waugh, in Bedford-row. It was questioned whether the verdict of Not Guilty “on the ground of his predisposition to insanity” met the justice of the case. His life was, however, saved. Some months after his trial, his insanity became so well marked that the authorities of Newgate obtained an order from the Secretary of State for his removal to Bethlehem, where I saw and conversed with him in an unmistakable condition of insanity.

When speaking of these modified cases of responsibility, Alison remarks:—

“Cases frequently occur in the highest degree perplexing both to the court and jury, which can only be justly resolved by an application of the principle and mode of proceeding above set forth. They are those in which the accused was to a great degree to blame, but would not probably have committed the fatal act but for some constitutional or supervening derangement which rendered him not so

*far responsible* as those who, by enjoying their reason unclouded, had no defence whatever against atrocious actions. In such cases there *is a mixture of guilt and misfortune*; for the former, he should be severely punished; for the latter, the extreme penalty of the law should be remitted."

Has sufficient allowance been made, in the legal consideration of the question of crime committed under the influence of delusion, or irresistible impulse, for a mind prostrated, enfeebled, overpowered, and crushed by a vast and gloomy delusive image, damming up the channels of thought, and destroying all freedom of action?

"I had a species of doubt," says a recovered maniac, describing what his feelings were during his attack; "but no one who has not been deranged can understand how dreadfully true and real a lunatic's insane imaginations appear to him—how slight are his insane doubts."

I may be asked what principle I would propound for the guidance of courts of law in these cases. I cannot but repeat what I have already declared to be my conviction, that in *every criminal case where the question of responsibility arises in the course of judicial inquiry*, IF IT BE POSSIBLE TO ESTABLISH ANY DEGREE OF POSITIVE INSANITY, IT SHOULD ALWAYS BE VIEWED AS A VALID PLEA FOR A CONSIDERABLE MITIGATION OF PUNISHMENT, AND AS PRIMA FACIE EVIDENCE IN FAVOR OF THE PRISONER; AND IN NO CASE WHERE INSANITY CLEARLY EXISTS (WITHOUT REGARD TO ITS NATURE AND AMOUNT) OUGHT THE EXTREME PENALTY OF THE LAW TO BE INFLICTED.

What, I may be asked, is my test of insanity? I have none. I know of no unerring, infallible, and safe rule or standard, applicable to all cases. The only logical and philosophic mode of procedure in doubtful cases of mental alienation, is to compare the mind of the lunatic at the period of his suspected insanity with its prior natural and healthy condition: in other words, to consider the intellect in relation to itself, and to no artificial *à priori* test. Each individual case must be viewed in its own relations. It is clear that such is the opinion of the judges, notwithstanding they maintained as a test



of responsibility a knowledge of right and wrong. Can any other conclusion be drawn from the language used by the judges when propounding in the House of Lords their view of insanity in connection with crime? "The facts," they say, "of each particular case must of necessity present themselves with *endless variety and with every shade of difference in each case*; and as it is their duty to declare the law upon each particular case, upon facts proved before them, and after hearing arguments of counsel thereon, they deem it at once *impracticable, and at the same time dangerous to the administration of justice, if it were practicable, to attempt to make minute applications of the principles* involved in the answers given by them to the questions proposed." This is a safe, judicious, and philosophic mode of investigating these painful cases; and if strictly adhered to, the ends of justice would be secured, and the requirements of science satisfied.

In considering the question of modified responsibility in connection with these cases of alleged insanity, we should never lose sight of the fact, that, even if a lunatic be fully exonerated and acquitted in consequence of his state of mind, he is doomed to linger out the remainder of his miserable existence in the criminal wards of a public lunatic asylum.

To talk of a person escaping the extreme penalty of the law on the plea of insanity, as one being subjected to no kind or degree of *punishment*, is a perfect mockery of truth and perversion of language. Suffer no punishment! He is exposed to the severest pain and torture of body and mind that can be inflicted upon a human creature short of being publicly strangled upon the gallows. If the fact be doubted, let a visit be paid to that dreadful *den* at Bethlehem Hospital—

*"Regions of sorrow, doleful shades, where peace  
And rest can never dwell, hope never come,  
That comes to all"—*

where the criminal portion of the establishment are confined like wild beasts in an iron cage!

Much has been said of the deterring effects of capital punishment.

I do not doubt its having some effect in preventing crime; but I incline to the opinion, that, if the real condition of those confined as criminal lunatics was well understood (assuming the insane to be amenable to the fear of punishment), it would act more potently as a deterring agent than any apprehension they might feel at the prospect of a public execution.

It was the opinion of Beccaria that the impression made by any punishment was in proportion to its *duration* and not to its *intensity*. "Our sensibility," he observes, "is more readily and permanently affected by slight but reiterated attacks than by a violent but transient affection. For this reason, the putting an offender to death forms a less effectual check to the commission of crimes than the spectacle of a man kept in a state of confinement, and employed in hard labor to make some reparation, by his exertions, for the injury he has inflicted on society."

In judicially estimating cases of crime connected with alleged conditions of insanity, it is our duty always to bear in mind, that, if an error be committed on the side of undue severity, it never can be remedied.

No reparation can be made for so great an injury—for so serious an act of injustice. If a criminal should be unjustly acquitted on the plea of insanity (and I admit such cases have occurred), a degree of injury is undoubtedly done to society, and the confidence in the equitable administration of justice is, to an extent, shaken. But can a judicial mistake like this for one moment be compared with the serious and fatal error of consigning an irresponsible creature to a cruel and ignominious death?

It is well observed by Bentham, that—

"The minimum of punishment is more clearly marked than its maximum. What is *too little* is more clearly observed than what is *too much*. What is not sufficient is easily seen; but it is not possible so exactly to distinguish an excess. An approximation only can be obtained. The irregularities in the force of temptation compel the legislator to increase his punishments until they are not merely sufficient to restrain the ordinary desires of men, but also the violence of their desires when unusually excited. The greatest danger



lies in an error on the minimum side, because in this case the punishment is inefficacious; but this error is least likely to occur, a slight degree of attention sufficing for its escape; and when it does exist, it is, at the same time, clear and manifest, and easy to be remedied. An error on the maximum side, on the contrary, is that to which legislators and men in general are naturally inclined—antipathy, or a want of compassion for individuals who are represented as dangerous and vile, pushes them onward to an undue severity. It is on this side, therefore, that we should take the most precautions, as on this side there has been shown the greatest disposition to err.”

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TABLE OF STATISTICS OF FRENCH LUNATIC ASYLUMS,  
FOR THE YEAR ENDING JUNE 30th, 1856. EXTRACTED  
FROM RECORDS IN THE DEPARTMENT OF THE INTERIOR, BY M.  
ALEXANDRE VATTEMARE.

We have the pleasure of laying before our readers, in the following pages, a translation of the above-named valuable document, prepared for us by M. Alexandre Vattermare, already well known by his distinguished labors in the field of international literary exchanges. The table was received by us in June of last year, and would have been sooner published, had not the manuscript been mislaid on the occasion of the fire at the Asylum buildings in the following month.

The thanks of our profession are due to M. Vattermare for this new instance of the kindly offices by which he seeks to obliterate the distinctions of race and nation in the community of letters. The table illustrates the magnificent provision made by an absolute government for this, as for all other departments of its public charities, and suggests moreover the enviable accuracy and completeness of its public records. Similar statistics of the Asylums of our own country, taken in connection with a reliable census of the insane population, would be extremely valuable, and we trust will ere long be made accessible, as keeping us in mind how much yet remains to be done for this class of unfortunates, now consigned in so many instances to the care of non-professional incapacity.

DEPARTMENTS.	COMMUNES.	NATURE OF INSTITUTION.	PUBLIC INSTITUTIONS.						PRIVATE INSTITUTIONS.		TOTAL.		
			Indigent.						Pension'r.		M	F	Both.
			M		F		M	F					
			M	F	M	F							
Ain, . . . . .	Bourg, . . . . .	Private, (St. Lazare,) . . . . .	112	201	31	77	414	138	557	416	557	416	557
Aisne, . . . . .	See Clermont sur Oise.	do. (Ste. Madeleine,) . . . . .	...	...	...	...	...	...	...	...	...	...	416
Allier, . . . . .	Moulins, . . . . .	Public, (Ste. Catherine,) . . . . .	87	107	4	2	...	...	...	91	109	...	200
Alpes (Basses,) . . . . .	See Avignon.	...	...	...	...	...	...	...	...	...	...	...	...
Alpes (Hautes,) . . . . .	See St Robert, (Isère.)	...	...	...	...	...	...	...	...	...	...	...	...
Ardèche, . . . . .	Privas, . . . . .	Private, (Ste. Marie,) . . . . .	56	41	6	12	141	144	203	197	...	...	400
Ardennes, . . . . .	See Fains, St. Venant, Maréville and Armentiere.	...	...	...	...	...	...	...	...	...	...	...	...
	St. Lizier, . . . . .	Public, . . . . .	82	60	1	...	...	...	83	60	...	...	143
Ariège, . . . . .	See St. Dizier and Maréville	...	...	...	...	...	...	...	...	...	...	...	...
Aube, . . . . .	Limoux, . . . . .	Private, (St. Joseph de Pluny)	85	51	...	...	12	12	97	63	...	...	160
Aude, . . . . .	Rodez, . . . . .	Public, . . . . .	50	36	3	1	...	...	53	37	...	...	90
Aveyron, . . . . .	Marseilles, . . . . .	Public, . . . . .	116	155	90	83	...	...	206	238	...	...	444
Bouches du Rhône, . . . . .	do. . . . .	Private, (St. Rémy,) . . . . .	35	31	...	...	19	19	54	50	...	...	104
	do. . . . .	2 Maisons de Santé, . . . . .	...	...	...	...	41	21	41	21	...	...	62
Calvados, . . . . .	Aix, . . . . .	Quartier d' Hospice, . . . . .	117	89	6	9	...	...	123	98	...	...	221
Cantal, . . . . .	Caen, . . . . .	Private, (Bon Sauveur,) . . . . .	158	180	...	...	142	213	300	393	...	...	693
Charente, . . . . .	Aurillac, . . . . .	Quartier d' Hospice, . . . . .	97	47	2	1	...	...	99	48	...	...	147
Charente Inferieure, . . . . .	Angoulême, . . . . .	Quartier d' Hospice, . . . . .	7	8	1	2	...	...	8	10	...	...	18
Cher, . . . . .	Lafond, . . . . .	Public, . . . . .	76	66	18	21	...	...	94	87	...	...	181
Corèze, . . . . .	Bourges, . . . . .	Public, . . . . .	36	50	1	2	...	...	37	52	...	...	89
Corse, . . . . .	La Cellette, . . . . .	Private, . . . . .	162	...	...	...	14	...	176	...	...	...	176
Côtes-d'Or, . . . . .	See Aix, (Bouches du Rhône)	...	...	...	...	...	...	...	...	...	...	...	...
Côtes-du Nord, . . . . .	Dijon, . . . . .	Public, . . . . .	76	119	16	24	...	...	92	143	...	...	235
Côtes-du Nord, . . . . .	Dinan, . . . . .	Private, (St. Jean de Dieu,) . . . . .	216	...	...	...	209	...	425	...	...	...	425
	St. Briene, . . . . .	Quartier d' Hospice, . . . . .	...	154	...	12	...	...	...	166	...	...	166



DEPARTMENTS.	COMMUNES.	NATURE OF INSTITUTION.	PUBLIC INSTITUTIONS.				PRIVATE INSTITUTIONS.		TOTAL.		
			Indigent.				Pension'r.		M	F	Both.
			M	F	M	F	M	F			
Creuse,.....	See Kiom and Limoges.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Dordogne,.....	See Leymes, (Lot).	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Doubs,.....	Bellevant,.....	Public,.....	17	21	15	17	.....	.....	32	38	70
	Besançon,.....	Maison de Santé,.....	.....	.....	.....	.....	2	2	2	2	4
	Pontarlier,.....	do. ....	.....	.....	.....	.....	2	2	2	2	4
Drôme,.....	See St. Alban (Isère) and St. Jean de Dieu, (Rhône).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Eure,.....	Evreux,.....	Quartier d'Hospice,.....	33	22	.....	.....	.....	.....	33	22	55
Eure et Loire,.....	See Quartier d'Orleans, (Loiret).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Finistère,.....	Quimper,.....	Public,.....	169	.....	12	.....	.....	.....	181	.....	181
Gard,.....	Morlaix,.....	Quartier d'Hospice,.....	.....	110	.....	16	.....	.....	.....	126	126
	See Marseilles and St. Alban.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Garonne (Hante)....	Toulouse,.....	Quartier d'Hospice,.....	135	122	26	18	.....	.....	161	140	301
Gers,.....	do. ....	Maison de Santé,.....	.....	.....	.....	.....	50	22	50	22	72
	Auch,.....	Public,.....	70	62	9	6	.....	.....	79	68	147
Gironde,.....	Cadillac,.....	Public,.....	285	.....	52	.....	.....	.....	337	.....	337
	Bordeaux,.....	Public,.....	.....	208	.....	89	.....	.....	.....	297	297
Hérault,.....	Castel d'Andorte,.....	Maison de Santé,.....	.....	.....	.....	.....	11	5	11	5	16
	Montpellier,.....	Quartier d'Hospice,.....	141	88	77	25	.....	.....	218	313	331
	do. ....	Maison de Santé,.....	.....	.....	.....	.....	13	8	13	8	21
Ile et Vilaine,.....	Pont St. Côme,.....	Maison de Santé,.....	.....	.....	.....	.....	12	5	12	5	17
	St. Meen,.....	Public,.....	147	152	32	27	.....	.....	179	179	358
Indre,.....	See Limoges.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Indre et Loire,.....	Tours,.....	Quartier d'Hospice,.....	103	129	2	8	.....	.....	105	137	242
Isère,.....	St. Robert,.....	Public,.....	52	68	15	11	.....	.....	67	79	146
Jura,.....	Dôle,.....	Public,.....	92	81	7	4	.....	.....	99	85	184
	do. ....	Capuchin, (Private,).....	.....	.....	.....	.....	23	16	23	16	39







[illegible]

## RECAPITULATION.

	Males.	Females.	Both sexes.		No. Insane.	Proportion.
In Public Institutions { Indigent	8,151	8,715	16,866	Northern Departments,	18,421,000	14,350
{ Pensioners	1,378	1,699	3,077	Southern do.	17,360,000	9,878
In Private Institutions - - -	2,628	1,657	4,285	In all France, - - -	35,781,000	24,228
Total - - -	12,157	12,071	24,228			



## THE CASE OF WILLIAM SPEIRS. ARSON. PLEA OF INSANITY.

On the fourteenth day of July, 1857, at half past seven o'clock in the morning, the cupola of the New York State Lunatic Asylum, at Utica, was discovered to be on fire. The flames spread inwardly through the great central building, the greater portion of which, unfortunately, with a narrow economy, had been constructed from bottom to top with framed partitions, instead of brick or other incombustible material ; which therefore fed, rather than opposed, the conflagration. Every thing but the external stone walls, and the fine Grecian portico and pediment of the main front, was destroyed ; and even these, substantial as they were, suffered severely. The roof of the east wing, and part of its interior, were also partially destroyed, and the west wing slightly injured. The fire was not fairly conquered until afternoon. Aside from the possible injury to the five hundred and fifty occupants of the buildings, and from the certain destruction or serious damage of valuable property, both public and private, the scene was one of great interest ; and the fiery spectacle, although in broad day-light, was as sublime as the eruption of a volcano, or the trembling of an earthquake, and quite as unexpected as either. The extreme sultriness of the day, almost overpowering human exertion, and the want of efficient means of reaching and applying the abundant supply of water in the attic tanks by fire engines, thus compelling the exclusive use of buckets, prolonged the fury of the flames, until finally they were subdued by an application of steam from the heating apparatus of the Asylum, which showed its power in the conquest of the element to which it owes its mighty efficiency, and in the aid of the other element without which it could not exist. Steam, and its auxiliary, water, with such human efforts as could apply both, at length succeeded in extinguishing, midway of its violent career, the enemy that threatened the complete destruction of a noble pile.

In respect to the inmates of the great building, every precaution was taken that the surprise of the occasion and the means at hand would allow. All of the females, and such of the males as were particularly exposed, were detached by the direction of the Superintendent, under the charge of various assistants, in admirable order, to the woods in the rear of the buildings, where they remained, under suitable military and civic guard, spectators of the scene, until they could be safely restored to suitable quarters under the still protecting wings of the Asylum. The early evening saw them all safely housed again, with perhaps an exception or two of such as escaped custody in the confusion, and became wanderers either from willingness or fright, all of whom returned. The wing occupied by the male patients not being in imminent danger, it was not thought necessary to remove them, and they all retired at night as usual without any injury.

Four days afterwards, in the afternoon, the stone barn and stables on the Asylum grounds were discovered to be on fire; and a man was seen going from them to the same woods which before had been the shade and shelter of a number of the inmates, himself among them.

This man was William Speirs, who had been sent to the Asylum in 1850, on the order of a Court of Oyer and Terminer, which relieved him, after an arrest, from a trial for arson, on the ground of insanity. In 1856, he was discharged by an order of a Justice of the Supreme Court. After his discharge, he was employed, with casual intermissions, as a messenger, as a compositor in the printing office, and otherwise, until the period of his arrest for the arson of the Asylum barn.

On that occasion he confessed that he not only committed that act, but that he also fired the central building a few days before. An examination was forthwith had before Justice Bacon of the Supreme Court, in the presence of Judge Denio, of the Court of Appeals, some of the physicians and trustees of the Asylum, and other persons. The result of the examination was the committal of Speirs to the county jail at Utica, to await the action of the Grand Jury.



He was afterwards indicted for the crime of arson, and in May 1858, was tried for that offense at a Court of Oyer and Terminer of Oneida county, held at Rome by Justice Allen of the Supreme Court.

The District Attorney, aided by Mr. Ward Hunt, conducted the trial of the case on behalf of the people, and Mr. E. J. Richardson, on the part of the accused.

Edmund A. Wetmore, of Utica, Treasurer of the Asylum, was the first witness called on behalf of the people. He testified to the mode of occupation of the Asylum-buildings, at the time of the fire, on the 14th of July, 1857; and to the destruction, by that fire, of the centre-building, and of a portion of the south wing. He also proved the burning of the barn on the 18th July.

In reference to the confessions of the prisoner, he testified as follows, viz :

I had a conversation with the prisoner, William Speirs, while the barn was burning, on Saturday, the 18th of July, in one of the rooms in the north front wing of the Asylum. Doctor Gray and Owen Jones were present. I asked Speirs if he set fire to the centre-building. He said he did. I asked him how he did it. He said he went into the main air-passage in the attic, and made a fire around a square box there, with some paper and light stuff; and that he set a fire in two or three places in the open attic, with some pieces of candle. I asked him why he did it; he replied, that he was "mad." I asked him for what? and he said that Dr. Chapin sent him away from where they were making balloons, and would not let him help. I asked if he was "mad" at any thing else; he hesitated, and Dr. Gray repeated my question. He looked at the Doctor, and said, "You took away my keys."

On *cross-examination*, Mr. Wetmore testified that he had, at times, for several years, seen the prisoner in the halls of the Asylum; that he knew him only by sight; that when he first saw Speirs on the 18th of July, he was in the room which has been mentioned, in the charge of Owen Jones, who was a laborer at the Asylum; that he (Speirs) was agitated during the conversation, but at times controlled himself, and spoke calmly, and that he expressed no regret. The

witness further stated that Dr. Gray first asked Speirs if he set fire to the barn and centre-building, and that he replied that he did ; and that the witness then commenced questioning him as already related. Speirs said he set fire to the barn in the straw (or hay) with a match, that he then went out, and went to the woods, or grove, on the Asylum farm, and stood in the edge of the woods, and looked at the fire. He said that he was in the grove during the burning of the centre-building. He did not say that he was pleased with the fire ; said nothing upon that point.

William Walker testified that he resided on Plant street, Utica, and had charge of the paint-shop at the Asylum, and was there on the morning of the 14th of July, before the fire broke out. Dr. Gray, his family, and the assistant physicians, were occupants of the centre-building.

On *cross-examination*, he testified that the paint-shop was about 70 yards from the centre-building. The fire broke out about twenty or twenty-five minutes after 7 o'clock. He got to the Asylum at 7 o'clock ; lived about a mile from there ; was there the night before ; went from his house to the paint-shop in the morning ; did not see any of the persons named by him that morning.

Witness saw Speirs brought from the grove at the fire of the barn ; did not speak to him ; was 40 or 50 yards from him ; had frequently seen prisoner laugh ; ask him a question, and he would answer it correctly ; saw the prisoner in the woods, after the fire broke out, standing in the shade, with others.

The prosecution here rested.

The prisoner's counsel then called Dr. John P. Gray, the Superintendent of the Asylum, who testified that he had been connected with the Asylum from Sept., 1850, first as an assistant physician, up to July, 1854, and subsequently as Superintendent. An order of the Court of Oyer and Terminer, dated Jan. 14th, 1850, was presented, and stated to be that on which Speirs was sent to the Asylum. Dr. Gray further testified that Speirs was at the Asylum at the time of the fire ; that with the exception of four or five weeks in Sept. and Oct. of 1856, Speirs had not been away, from the period of his knowl-



edge of him in 1850 ; that he had no personal knowledge of Speirs' whereabouts during his absence in 1856 ; that Speirs took with him when he went away the keys he had as a dining-room waiter, and brought them back on his return ; that in 1850 and 1851, he had charge of the male department, and then treated Speirs for an abscess and slight caries of the thigh-bone ; never treated him for any disease subsequently, neither for the habit of masturbation. Witness read from case book : " William Speirs, New York City, admitted Jan. 21, 1850, single, aged 23 years, barber, native of Scotland, has been in this country about eighteen months ; has been in the asylum on Blackwell's Island eleven months of the last eighteen ; the time he has been deranged and the cause are unknown ; not suicidal ; escaped conviction on the ground of insanity, and ordered to be sent to the New York State Lunatic Asylum ; quiet on the way ; particulars of his history not known." The foregoing entry was made in the hand-writing of Dr. Cook, who was assistant physician at the Asylum at the time Speirs came to the institution. A subsequent entry states that he " Was placed in the second hall, assists in hair-dressing and shaving, and is quite industrious, cheerful and contented." March 1, 1850, a statement is made that he " Says he has no inclination to burn buildings or injure others." April 1, 1850, entry is, " Appears well." In August, 1850, he was removed from the second hall to the first, or convalescent ward.

For the years 1851-2, and up to 1856, when he was discharged, the entries are that he was " well," " industrious," " doing well," &c., and are in the hand-writing of Drs. Cook, Porter, Headley, Chapin and myself. In 1853, Dr. Headley records, " Has the appearance of a masturbator," and adds prescription. In 1854, Dr. Cook records, " Still works in printing-office, and about the house ; mind not strong, but he gives little evidence of derangement." Was discharged as well, Feb. 1, 1856, by order of Justice Bacon, of the Supreme Court. My first record in his case is dated March 1851. The habit of masturbation in excess debilitates the body, lessens a man's self-respect, and may impair the mind, and is often the cause of insanity ; have been consulted in cases where the habit had not

perceptibly impaired the mental faculties;—the tendency is to impair the general health, and thus reach the mind. It frequently induces feelings of melancholy and unhappiness, especially when the habit is recognized as a sin and a vice.

On *cross-examination*, Dr. Gray testified that at the time of the fire, he resided, with his family, in the central building of the Asylum; that the prisoner was discharged as a patient, Feb. 1st, 1856; was subsequently employed as dining-room waiter on the first hall; continued in that capacity till towards spring, and discharged his duties well, with the exception of a little shortness occasionally towards patients. In June he was suspended from duty for swearing, and the keys he had were taken from him, but in a few days given to him again, and he was allowed to resume his place. He sometime after this applied for a place as attendant; this was refused him; learned he was dissatisfied with his position. Subsequently he left; I think in September. He returned afterwards and wanted employment; I declined employing him. He said he was out of money, and, as he appeared destitute, I said he might remain for the present and work in the printing-office, and at other useful employment, and on leaving he would receive what was right; he thus remained until the occurrence of the fire. At one time Gen. Smith requested that he might act as his special attendant, and it was granted. He was making himself generally useful up to the time of the fire. I considered defendant a sane man in Feb. 1856, and my opinion remained unchanged up to the time of the fire. Some of the entries in the case-book are in my hand-writing; such as his doing work in the printing-office, improving in reading, writing, &c.

Direct examination resumed:—Sent him up to the second hall after discharge in spring of 1856; insane persons are on this floor; don't remember whether his room was then locked up at night; was suspended for swearing; sent him up stairs until the case could be investigated; attendants frequently sent off for violating discipline. He only staid up stairs a few days; he received \$12 per month; did not deduct the time he was up stairs.

Sent after defendant at the time of the burning of the barn; sent



Owen Jones for him ; met Owen Jones, who said, " Billy Speirs came out of the barn just as the fire broke out, and went towards the woods." Sent Jones after him ; was gone ten or fifteen minutes ; Speirs came back willingly ; do not recollect seeing Speirs on the morning of the fire of the 14th ; subsequently saw him, and he appeared as usual.

Margaret Speirs testified that prisoner was her son. She had resided in New York for ten years ; they came from Scotland in 1847. Prisoner is about 30 years old. He had a sun-stroke in Scotland in the summer time ; the blood came out of his mouth, nose and ears. He was asleep on a steamboat in the sun at the time. When witness saw him, his face was very red, and she told him he ought not to have slept in the sun. He was silent. He was always silent. We got the doctor, and he said he was surprised that he lived ; that his brain was boiled. After this he would go out and stay out days and nights. He was always very quiet and civil. I noticed no change in his disposition after that. Before that he did not go out ; he had hurt his hips. After he got to New York, he got employment as a barber, and remained only five days. He did not come home, but staid out for more than eight days, and we did not know where he was. The first we heard, he had been sleeping in wagons, and went into a house and got some things, and was going to set the house on fire, and he had been taken up, and I went to see him at the jail. He was tried. It was several months before he came to the city. He then got into a saloon and staid there about three weeks. He did some depredation there. Cannot say what it was. He was tried and sent to Utica. After the sun-stroke he was not as amiable as before.

On *cross-examination*, she testified that the prisoner was 16 or 17 years old when he had the injury to his hips ; he was sick a twelve-month ; she was taking him to the doctor about a year after this injury when he was sun-struck ; he had not then entirely recovered from the injury ; he went home from the boat well enough ; we lived a mile or so from the boat ; he walked home ; we were in the house a little while when he got sick ; the first indication was, he

threw out blood from his mouth, and nose, and ears ; as to ears, witness was not certain ; he could not sit up ; he was confined to his bed the next day, and to the house a little time after this—perhaps two or three weeks ; he got perfectly well after that, and did well a good long while after, and then began to stay out ; when he was displeased he would go out and stay out all night ; witness has two other children living ; he would not quarrel with them, but would get displeased at trifling words from witness or any other person.

On *re-examination*, she said that her daughter had been insane, and sent to Blackwell's Island, where she was ten or eleven months ; grief and other causes produced the insanity ; she is perfectly well now.

Owen Jones testified that he resided in Utica, and was employed in the Asylum at the time of the fires ; he worked on the farm. Dr. Gray sent him for prisoner ; he went and found him in the woods about 50 rods from the barn, standing there with some other persons, looking at the fire. He saw witness coming. Witness discovered nothing unusual about him ; he was not laughing ; witness asked him if he had any matches, he said not ; nothing was found in his pockets ; witness said he wanted him to go home with him, and prisoner said he would. Witness asked him what made him set the barn on fire, and he said, Dr. Gray took his keys away, and Dr. Chapin did something. Witness was about fifty rods from the barn, and near the woods, when he discovered the fire in the barn ; he met prisoner, who said witness was too late to save the barn ; prisoner was alone. Witness told Dr. Gray he saw prisoner go in and come out of the barn. Did not see prisoner at any time on the fourteenth of July.

John Hawthorne testified that at the time of the fire he was at the jail in Utica, of which his brother was keeper ; he was there when prisoner was brought there, and saw him about every day for three or four weeks, and conversed with him occasionally ; he avoided every other subject except that of firing the building ; had conversations with prisoner about fires probably a dozen times while he



was there—the fires in the Asylum, or in New York and West ; asked him whether he was guilty.

Here the prisoner offered to show that on several occasions, while in jail, he freely admitted the different fires which he had set in New York and out West, while he was absent from the Asylum ; and that also, while in jail, he expressed a desire and asked to set fire to a wooden building outside the jail, and that he did burn whatever he could get hold of—one of the inmates hat and clothing ; the purpose of the offer being to show insanity. Objected to and excluded. He also offered in evidence his own writings while in jail, to show insanity ; and among them a poem entitled “The Burning of the State Asylum, by William Speirs, the Turnkey.” Objected to and excluded.

Dr. Horace B. Day was then called, and testified that he had resided in Utica five years, and had been a physician fourteen or fifteen years. Have seen prisoner several times in jail, and here ; am physician of the jail at Utica. Believes he has prescribed for prisoner on one or two occasions for seminal weakness ; judged it to be the result of masturbation ; would not dissent from Dr. Gray as to the effects of that habit. Has heard most of the testimony ; could not understand prisoner’s mother.

*Question.* “From what you have seen of prisoner, and what you have learned of him, what is your opinion as to his sanity or insanity ?” (Objected to and objection overruled.)

*Answer.* He is a subject of monomania or *insania impotens* ; it is pyromania ; the manifestations of it are to fire buildings, or a desire to. Upon all other subjects he might be perfectly sane. The impulse is probably uncontrollable, or else the act would not be committed. It is not always accompanied with a delirium. Could not form an opinion as to the difficulty with prisoner from the evidence of his mother. His personal appearance does not indicate insanity.

On *cross-examination* Dr. Day testified thus : Pyromania is a desire to fire buildings that is irresistible ; there is nothing in the evidence to show this disease in prisoner. Don’t think Conkling

(who fired churches and other buildings in Utica a few years ago) was excusable in the fires he told of setting. Could see no reason for this, except in this irresistible impulse. There are cases of irresistible impulse where it can not be traced to bodily disease. Never had personal knowledge of a case of this impulse, except as caused by disease. Have read such cases in "Eberle's Practice of Medicine," and in "Wood's Theory and Practice of Medicine." Have never made insanity a special study, nor read any works devoted to that subject. Have read authentic cases of pyromania in books ; can not say how many cases.

Dr. N. H. Dering testified that he had resided in Utica ten years, four years in Rome, and twenty-six years in New York, and had been a physician forty years. He saw prisoner at the examination before Judge Bacon, and next saw him to-day. Noticed his appearance at that examination, and only had been in court to-day. The examination before Judge Bacon occupied three or four hours. Have heard the witnesses testify to-day. Witness made up his mind at the examination that prisoner was not a sane man ; could then see his countenance. There appeared to be a total absence of all consciousness of guilt. The great anxiety to set the witnesses right as to how the fire was made, and to explain how he set fire to the attic, and the evidence of Jones ; the conduct and the general history of his life ; the firing of the buildings, and being perfectly indifferent as to the consequences ; and the pleasure he evinced in looking at the fire, induced witness to suppose that he was insane.

Masturbation would debilitate the mind and produce insanity.

On *cross-examination*, the witness said that he saw nothing in the prisoner at the examination that induced him to suppose that he was laboring under any bodily disease ; it was wrong to premise bodily disease. It must have arisen from a previous disarrangement of the system ; no particular local disease that witness knew of. Witness only discerned the want of common sense. There is insanity where there is no disease perceptible—when the cause can not be discerned. The statement of the mother as to his absence after coming to New York, and the illness on the boat, would indicate in-



sanity. The effect of the sun on the brain, on the boat, witness thought had an effect upon the system—upon his temper and life. All that his countenance indicated was a low order of intellect.

Dr. Moses H. Ranney testified:—I reside in New York city, am a physician by profession, and resident-physician of the New York City Lunatic Asylum, Blackwell's Island; have held that office over eleven years. At present there are over six hundred and fifty patients in that institution. I first saw prisoner in 1848. He was placed under my care in Oct. 1848, with the usual commitment for insanity. This was after the first, and before the second fire spoken of by Mrs. Speirs. On the 14th of Oct. 1849, he was discharged at the request of his friends. I saw him a few weeks after his discharge when he was arrested for attempting to burn a building in the city; I next saw him to-day, when he told me he was in jail on account of having burned a portion of the Utica Asylum, and the barn; I inquired of him if this and the two attempts in New York city, were the only acts of this character he had committed; he said he burned a building in Peoria, while absent from the Utica Asylum, and that afterwards he wandered about a day or two; that no one suspected him but his uncle, who inquired of him about it, and advised him to return to Utica. I asked him as to the motives which prompted these acts. He stated that there was no very direct motive for setting fire to the first building he burned in New York, but he felt melancholy; the second attempt in New York was on account of a waiter being saucy to him. He had no motive for burning the building at Peoria, except that he was melancholy.

He gave as a reason for burning the Asylum, that he was displeased with the Superintendent for having stopped his wages, and taken away the keys. In relation to burning the barn, he said; "It seems I was not satisfied, but wanted to burn more buildings." He told me that he wished to burn the whole of the Asylum, and went afterwards for this purpose, but found the doors barricaded. In reply to a question as to his future course, he stated that very likely he would burn more buildings if the feelings came over him; that when he felt bad, he had this disposition, and felt better after it

was accomplished. He told me that he had not slept well, and that for years he practiced masturbation. His manner was mild ; he seemed perfectly frank and unimpassioned, and in fact exhibited very little feeling on the subject. I asked him various questions relating to delusions or hallucinations, but could detect none. I saw no disposition to impress me that he was insane, nor evidence of feigning. I believe that he is not responsible for his acts, from the fact that he was undoubtedly insane in 1848 ; that there was a predisposition to the disease, and that the course pursued by him at Utica and his present appearance are much more in consonance with insanity than sanity. I think his intellect is of a low grade,—that he is partially imbecile. The divisions of insanity are to a great extent arbitrary. I think his insanity would be classed under Pyromania ; it is not of an impulsive character, nor connected with delusions proper, but with a perversion of the moral qualities of mind, combined, as before stated, with weak intellectual powers. His condition while in our institution in 1848 is thus described in the case-book : “ His eyes had a wild, unnatural appearance ; he had periods frequently of being gloomy and taciturn ; at these times was very sullen, not inclined to do any thing : these periods would last a week or more.” I did not observe these changes the last few months he was in the Asylum. A sister of prisoner was insane, and an inmate of the Asylum with him.

*Cross-examined.*—I discovered no delusion ; think he had no uncontrollable impulse. I believe the act resulted from a perverted condition of the several moral faculties of the mind, with a propensity to burn buildings, and a feeble intellect. Probably at the time the propensity was uncontrollable. Impulse is the result of a state of the will. This propensity to destroy arises from a perversion of the several faculties. The propensities proper, as a division of the manifestations of mind, give tone and direction to the disposition. They are not the same as Will. Perhaps any thing that would excite the prisoner would induce him to burn buildings, or even might stimulate him to commit an assault with intent to kill. I judge that he is a pyromaniac, because he has committed these acts, and is insane. He does not possess the power to prevent the commission



of an incendiary act, even if he knew he would be punished. I suppose there is a change in the brain which produces this condition of mind. The disease of brain I infer from its abnormal functions and the physical symptoms.

Dr. John P. Gray, on further *cross-examination*, said, that during the early part of prisoner's residence in the Asylum, there was an open fire in the ward where he was, and there were lamps and gas there. Prisoner was frequently in the main building, where there was fire. He frequently went with and for the mails to the city. Witness never observed any difficulty with the prisoner about the fires.

The prisoner rests.

Dr. Geo. Cook, being sworn for the people, testified:—I reside at Canandaigua, and am resident physician of Brigham Hall, an asylum for the insane. Have had medical charge of that institution two and a half years. Was connected with the Asylum at Utica from January 1848, to July 1855, with the exception of one year, spent in visiting institutions for the insane in this country and in Europe.

I knew the prisoner at Utica. I received him, and recorded in the case-book of the Asylum such particulars of his history as were known to the person who brought him. He was not under my particular care, except for a few months; but I saw him frequently. Have seen him to-day in the jail, and conversed with him, and have also heard much of the evidence given in court. From my observation of him to-day, and from the evidence presented, I am of the opinion that the prisoner, though imbecile to a degree, is now sane, and that he was sane last July. Nothing in the testimony, according to my judgment, conflicts with this opinion.

*Cross-examined.*—I do not remember to have prescribed for the prisoner while at Utica. From my observation of mental disease, I am of the opinion that there cannot be great disturbance of the moral faculties without some degree of intellectual disturbance, therefore I do not recognize such a disease as *moral insanity*, when by that term is meant *moral disease coëxisting with intellectual sound-*

*ness in the same individual.* No case of purely moral insanity has ever come under my observation. Mental disease may be partial ; it may manifest itself to a greater degree in some of the moral and intellectual faculties than in others ; or it may be general, involving all the faculties. I do not think a person can be insane upon one subject and sane upon all others ; the prominence of a controlling delusion often masks the false perceptions, and the errors in reasoning and judgment, and hence the term by which this phase of mental disease is generally known. The opinions given are based on my own observations. I have seen nothing in the prisoner during the time that he has been under my observation, and have heard nothing in the testimony here presented, to convince me he has any disease causing intellectual disturbance.

Dr. Bell testified that he had devoted almost the whole of his professional life to the study of mental diseases ; had been at the head of the McLean Asylum for the Insane, near Boston, for nearly twenty years, and had had the care of several thousand patients, had much experience as a witness in cases involving questions of mental responsibility. Had seen and examined the prisoner in October last, at the jail in Utica, introduced himself candidly to the prisoner as having come to examine his mental condition, but suggesting that Speirs should decline answering unless he chose ; that there was no wish on Dr. B.'s part to entrap him, or take advantage of his situation. To this Speirs freely replied, that he should like to converse with him, and referred to his having known of him in connection with a meeting of Hospital Superintendents at Utica, in the chapel. This interview was about an hour and a half in length.

The conversation turned on the immediate act for which the prisoner was confined. He admitted the firing of the Asylum, went into a detail of its manner, and gave as a reason for it, the way in which he had been treated since his return from the west ; said that his expected or accustomed wages, or remuneration for services, had been denied him ; that his keys had been taken away from him ; and expressed some regret for those whose lives had been lost at the fire, but mixed this with the idea that they had exposed themselves fool-



ishly and unnecessarily. The topic of his early life, and the two formerly perpetrated acts of arson followed. In one of these, the firing of a barber's shop, he gave an explanation, involving an adequate motive; and as regards the other, the setting on fire an eating-house where he was engaged as a waiter, he represented that he had been provoked and injured by some one connected with it, and who he believed would suffer from its being closed. He was closely enquired of as to any peculiar feelings of distress, sleeplessness or restlessness, or heat, prior to any one or all of these acts of incendiarism, or as to any unusual sensations of any kind.\* He disclaimed wholly any feelings beyond those of anger for having been so treated.

The witness being asked the opinion he had formed from all that he saw and heard at the interview with Speirs and the testimony presented on the trial, replied that he had been unable to find any evidence that the prisoner was laboring under any delusion or pyromaniac impulse, either at the time when the Asylum was fired, or at any previous period in his history.

*Question*.—What is his state of mind now?

*Answer*.—My opinion is that he is now a sane man.

Dr. Bell also testified to the extreme unfrequency of *pyromania*; had never seen but one case of it. It was confined almost exclusively, according to the best authorities, to young females, where difficulties in the catamenial function existed.

On *cross-examination*, he said, that he had stated the substance of all that transpired in his interview with the prisoner. In the case of mental disease, the exciting causes would be less apt to produce paroxysms or relapses in an asylum than out of it.

JUDGE ALLEN charged the jury, that the questions to be passed upon by them, were,—

1st. Did the prisoner commit the acts charged in the indictment?  
and

\* At the trial some months after, some medical witnesses, who visited him just previously, testified that Speirs professed having had all the sensations referred to, just before he set the fires.

2d. If he did, was he, at the time, of sound mind, capable of distinguishing between right and wrong in respect to these acts?

If to both questions the jury should respond in the affirmative, they would, by a general verdict, pronounce him guilty of the offence with which he was charged; and when they were deciding upon the guilt or innocence of the accused, he was entitled to the benefit of every reasonable doubt arising upon all the evidence upon both branches of the case. After alluding in detail to the evidence touching the commission, by the accused, of the acts complained of, the Judge proceeded to state that the point most pressed in behalf of the prisoner, and the question of most interest and difficulty, if there were any difficulties in the case, was as to the legal responsibility of the prisoner for his acts; the law mercifully excusing from the penal consequences of such acts those who were deprived of their reason, and whose minds could not consent to their acts.

Upon this question the jury had the benefit of the testimony of gentlemen of high reputation, acknowledged skill, and great experience in mental diseases; as they did not agree in their opinions as to the mental condition of the accused, it would be the duty of the jury, upon all the testimony in the case, to decide for themselves in the exercise of their good judgment, and with the light and aids which they had. In matters without the range of the ordinary knowledge and experience of mankind, and in which courts and juries are not supposed competent to form correct opinions, it was usual to call to their aid persons of learning and skill in those matters, who were permitted to give their *opinions* as *evidence*. Conclusions and inferences properly deducible from facts proved, which in ordinary cases were drawn by the jury, were, in matters of science, skill, trade, and other like cases, proved as *facts*, by competent witnesses, called *experts*.

While the opinions of men who had devoted their lives to any specialty in science or trade were entitled to great weight, the mere expression of an opinion by an expert did not necessarily conclude the jury; but, in all cases, they must be satisfied with its correctness. The character of the witness for skill and integrity might be



such that his bare statement would carry conviction with it ; but the testimony of an expert must undergo the same ordeal, and be subjected to the same tests, as that of other witnesses, and due credit and effect were to be given to it, to the extent that the skill, learning and experience of the witness, his opportunities, his knowledge of facts necessary to the formation of a reliable opinion in the particular case, and his apparent candor and truthfulness justified. The reasons and authority for the opinions of witnesses, where opinions were competent, were proper subjects of consideration by the jury ; especially was this so when, as in this case, there was a conflict in the testimony of such witnesses.

All the medical witnesses agree that the prisoner was of a low grade of intellect, which of itself did not excuse from legal responsibility for crime ; but they did not agree in respect of his sanity or insanity. Some of the witnesses on the part of the defense were of the opinion that the accused was, at the time of the commission of the offence, “ a subject of monomania, or insane impulses ;” that “ he was not a sane man.” It was proper to say that these witnesses, although highly respectable physicians, had not made the study or the cure of mental diseases a specialty. Another witness, for many years connected with an asylum for the insane, also called for the defense, speaks more cautiously ; but gives it as his *impression* that he was insane ; that he was partially imbecile ; that he “ seemed to have exhibited a desire to burn buildings ;” but said “ it was not impulsive insanity ;” “ his moral faculties were effected to a great extent, and he had but little moral sense, and he seemed to have a disposition to burn buildings.” This witness discovered no evidence of delusions in the mental exercises of the accused, but thought he was under the influence of uncontrollable impulse, and that it arose “ from a perverted condition of the moral faculties of the mind, with a propensity to burn ; his intellect was feeble, and probably at the time the propensity was uncontrollable.”

On the other hand, witnesses of large experience in the treatment of the insane, and among them Dr. BELL, lately and for many years at the head of the McLean Asylum, in Massachusetts, and eminent

in his profession, occupying a place in its front rank, unhesitatingly declares the prisoner to be sane. The witnesses upon either side were not understood to have discovered, or to testify to any particular manifestations of disease affecting the knowing or reasoning faculties, or that the prisoner labored under any delusions which ordinarily attended the exercises of a diseased mind, and which were regarded as evidence of a partial or total loss of memory or judgment.

The defence was made to rest mainly upon the ground of *moral insanity*, so called, which under that name had but recently found a place in any of the classifications or divisions of insanity. That the moral affections might be and frequently were perverted or impaired by the same diseases, or other causes, which affected and impaired the reasoning faculties and the memory, was not doubted. But “moral insanity” as a distinct manifestation, apart from any derangement of the intellectual faculties, or any disease affecting the mind, had not been and could not be with safety recognized, by the law, as exempting its subjects from punishment for their unlawful acts. Certainly this could not be done until science should be able to do what it has not yet done,—describe its characteristics and manifestations, and define its evidences, and the rules by which its existence could be ascertained and known. It should be capable of being distinguished from moral depravity. Men of science, for the convenience of investigation and discussion, might subdivide and classify these subjects as they pleased, and distinguish their divisions by any nomenclature which might be convenient, and no harm could ensue; but when courts and juries were called upon to apply the principles and deductions of science in the process of judicial investigation, it was indispensable that their tests should be such as were capable of being appreciated and judged with some approximation to certainty; that is, the deductions and conclusions of science which are to control judicial action, and be influential in the administration of justice, should be the ascertained results and consequences of facts proved, judged, and applied, according to the well-established principles of the particular science involved. Some of the witnesses had spoken of a



moral mania, of which an individual might be the subject, and by which he might be impelled to the commission of crime ; but juries could not, with any safety, regard a maniacal impulse of this description as absolving from the consequences of crime, in the absence of any evidence of a lesion of the intellect and reasoning powers, or of some derangement or disease affecting the mind and judgment ; and for the best of all reasons, that there could not, in the nature of things, be any satisfactory evidence of any disease or derangement of the functions of the individual, which could convince a jury that the act was not the deliberate and voluntary act of the party, his mind assenting to it. The existence of the impulsive mania could only be proved by the commission of the acts which it was sought to excuse, which would be no evidence at all ; and the jury could never know, even should it be conceded that such a " moral mania " might and did exist, whether, in a particular case, the acts were the result of this impulse, or the fruits of a wicked and depraved mind. Courts and juries, in the attempt to determine the existence of moral mania, or irresistible impulse, apart from mental disturbance and derangement, as evidenced by the well-known symptoms of mental diseases, as an excuse for crime, would become bewildered and lost in the labyrinth of scientific niceties and fanciful theories. But when called upon to consider the subject of insanity, regarded as a derangement of the intellect, a mental disease, or the manifestations of disease affecting the mind, whether the moral powers were or were not impaired or perverted, they were not entirely without the means of arriving at a satisfactory conclusion, with the aid of intelligent and experienced medical men, and in the exercise of their good judgment.

There were tests by which the presence and influence of mental disease could be, with reasonable certainty, determined, and by which simulated could be distinguished from actual insanity. Although the symptoms of real insanity were not so definite and unequivocal as to preclude the possibility of all mistake on the part of unskilled judges and juries, yet they had become so well understood through the efforts and observations of learned and skillful men, and some of

them were so well marked, that with proper caution they might be safely acted upon, without danger of serious harm to the administration of criminal justice. But this was not so in regard to "moral insanity," as that term was (perhaps improperly) ordinarily used, and as distinguished from insanity proper. If it exists at all as a disease, or functional derangement, rather than as the manifestation of a depraved mind, science has not yet discovered or promulgated any rules by which its presence or absence can be known. The law, in determining the responsibility of a party arraigned for crime, could only look at the mind and see whether or not an intelligent will had consented to the act; and if the accused was in the possession and exercise of memory and intelligence, and knew that the act was wrong, and that, if detected, he would be subject to punishment, and had the requisite judgment and will to compare and choose between the gratification of committing the act accompanied with the risk of punishment, and immunity from punishment by abstaining, he was responsible for his acts.

To put the proposition in another form : if the accused had sufficient mind and memory to know and recollect the relation between himself and others, and that the act which he was about to do was contrary to justice and right, injurious to others, and a violation of duty ; that is, if he had a knowledge of right and wrong in respect to the *particular act*, then he should be held accountable to the laws. On the contrary, if the mind was diseased, and the reason and judgment overthrown, so that the act was in reality the result of irresistible or uncontrollable impulse, or of delusions acting upon and affecting the reason and judgment, then it might be said that it was not the act of a voluntary agent, as in that case the mind did not concur in the act, and the party was excused.

The Judge then commented upon the evidence bearing upon the question of the insanity of the prisoner in detail, and suggested that the medical witnesses, who favored the idea of the insanity and consequent irresponsibility of the accused, appeared to think that the particular form of the disease resembled that called *Pyromania*, which was evidenced by a morbid propensity to incendiarism, and



which it was claimed existed when a person otherwise rational was impelled irresistibly to the commission of this crime :—that this case was open to remark in this particular,—that in every instance in which the prisoner had fired a building, the act was traceable to motives of hatred, and a desire for revenge upon some individual for an act really committed by that individual, offensive to the prisoner. When every act of incendiarism could be traced directly to a *motive* which would be influential with a *bad man*, and such as not unfrequently, if not ordinarily, influenced men in the commission of like crimes, and when, in no instance, the torch had been applied from mere love of burning, it would not be safe to excuse the party, simply because the motive might, to the jury, seem inadequate. So long as there was no delusion, no loss of memory and judgment, and the party sought the very usual method of wicked men to gratify revenge, and resorted to the same means to conceal the evidences of his crime, he should not be excused upon any theory of moral insanity, or by reason of any sympathy, which would be entirely misplaced. The Judge then submitted the case to the jury, with the remark that it was their peculiar province to determine whether or not the “prisoner was, within the rules thus imperfectly laid down, responsible for the act, and therefore guilty of arson.”

On reviewing the testimony as given it appears evident enough that Speirs committed the arsons charged upon him,—the firing of the central building of the Asylum, and the firing, four days afterwards, of the Asylum barn. His own admissions and confessions, aside from the direct proof, abundantly show the truth of the indictment as to the mere matters of fact. The whole case, as presented to the jury, turns upon the question of the legal criminality of the acts committed by the prisoner, which depends entirely upon his sanity when they were committed.

No record of any kind is produced on the trial to show that Speirs was an insane man when he was first committed to the Asylum. There was an order of the Court, or of some Judge, to warrant the commitment ; but it is very questionable indeed, whether, on any

occasion, any suitable legal proof was ever adduced that would justify a jury in finding that he was insane. The simple fact of his having been committed to the Asylum as an insane man, may be a presumptive proof that he was so ; but such commitments are often made in a loose way, upon the solicitation of friends, from motives of humanity, from a desire to avoid the exposure and expense of formal trials, and to get quietly rid of a case that may prove troublesome.

But allowing that there was sufficient satisfactory evidence of his insanity to warrant his confinement to an asylum for the insane, it appears that from the moment of his confinement to his discharge by a judicial order in 1856, he was never considered as insane by any superintendent or assistant physician of the Asylum. His commitment seems to have operated, in a summary way, as a cure for his disorder.

After his discharge as a restored and cured man, he was employed about the Asylum in such duties as are usually intrusted to sane persons to perform. He had acquired during his stay a knowledge of reading and writing, and a tolerable facility as a compositor in the printing-office. He was an outside messenger, and carried and fetched the mails to and from the city post-office. So little was he mistrusted as a pyromaniac, that he was not forbidden from those parts of the Asylum where there were open fires and lights. On the whole he seems to have behaved well, until he escaped with the keys of the dining-room, and went out West.

From his own admissions, and from the evidence of others, it appears that almost every arson committed by him is traceable to a motive of revenge or pique. There is no trace of a maniacal delusion or hallucination. All his impulses to crime were the ordinary impulses that instigate bad men. His attempts, while in jail, to simulate insanity, by offers to set fire to adjacent buildings, and by the writing of ballads to blazon his crimes, amount to nothing but aggravations of his wickedness, and were mere efforts to screen himself from punishment. His intellect was of a low grade rather from defective education than from natural bent. He went to the Asylum entirely untrained, but there he learned to read and write with at



least common facility, and to set type ; and all this too, after he was an adult. Such improvement does not betray imbecility, but rather betokens brightness and aptness of the intellectual faculties. The difficulty seems to have been that he was not fully indulged in all his wishes. He desired to aid in making paper balloons for a festive occasion, and was denied ; his keys were taken from him, for cause, and he was provoked ; he swore occasionally, and was reprov- ed. Such incidents are apt to incite untrained men to vengeful acts.

Speirs' particular pique was against the superintendent, who took away his keys, and the assistant physician, who would not allow him to help make the balloons. They occupied the central building, which he first fired. Their furniture, clothing, books, and other personal effects were there. To fire the wings would not avenge his injuries upon them ; to fire the central building might ; so he fired that. Their effects being then stored in the barn for protection, he fired the barn too.

The medical testimony in the case is partly the testimony of experts, and partly that of inexperts. There is no pretension on the part of some of the medical men that they are experts in insanity. Of the experts proper, Dr. Ranney favors the defense of insanity pretty strongly, while Dr. Cook, Dr. Gray and Dr. Bell do not hesitate to affirm the sanity of the prisoner at the time of the commission of the arsons, and at the time of the trial. The weight of the testimony of experts is decidedly against the prisoner, and the jury, as well as the judge, seem to have concurred in their opinions. So do we. There is no insanity in the case ; but there is considerable wickedness and depravity, and of a sort punishable enough, and which we fear has not received, by the sentence of the court, quite its full desert, although we are willing to allow the benefit of the doubt, and let the culprit off with the correction that the law has awarded, inadequate as it may seem.

The defense of *pyromania*, as a distinctive phase of insanity, brings it within the category of *moral insanity*. The position of this journal on that question, considered as a legal one, is well known by all its readers. Considering maturely all the investiga-

tions and proofs heretofore made to establish it, and weighing them according to the best of our ability, we are still skeptical, and disavow moral insanity, in a criminal aspect, as any thing distinct and divisible from insanity general and proper as recognized by the law of the land. We fully allow any form of insanity, in all its diversified phases, as a suitable shield to protect its victim from human punishment ; but it must be insanity, according to law, and legally proved, and no vagary of the fancy or imagination. In times when positive philosophy, animal magnetism, spiritualism, free love, sensualism, fatalism, and heresies of all sorts are generally rife, to the possible destruction of every virtue which God commands, and which humanity has been struggling to enforce for eighteen hundred years and more, we are disposed to set up a stern opposition to doctrines of whatever plausible appellation, physical, physiological, psychological, spiritual, legal, medical, moral,—any thing but Christian,—that tend obviously to overthrow the conservative labors of the same eighteen centuries, and thrust man back into the condition he was in before Christ was born. *He* knew, omnisciently, that man was prone to be bad ; and that bad men should be punished by human as well as by divine tribunals ; and that actions which are now sought to be covered by such cloaks of defense as pyromania, kleptomania, and the like, are in themselves generally bad and indefensible actions,—the offspring of unrestrained wills, sinful inclinations, and uncurbed evil dispositions. We think it our duty to stand up manfully against all delusions, theories, and fancies whatever, that, violating the positive knowledge and experience of past generations, and conforming to the yeasty humors of our own, tend to disturb the good order and regimen of society, and let loose upon goodly disposed men, to their confusion and overthrow, the vices and violence of the badly disposed. It is timely to interpose such cautions to juries, as Justice Allen has interposed in this case of *Speirs*, against defenses that make a regular course of crime, from the burning of a barber's shop to the burning of a noble and costly building, devoted by public munificence to a great charitable purpose ;—a course marked by vindictive motives from instance to instance, and showing



a tuition and gradation in evil purposes from little to great ;—defenses that constitute a regular apprenticeship in crime the proof of insane tendencies, of irresistible impulses, and the offspring of physical disease which does not really exist. It is timely, we reiterate, to interpose the judicial authority against all such miserable perversions of sound science, truth, and justice. To set up insanity as a common excuse for all iniquity is to destroy our respect for it as a suitable plea for acts committed by those whom God has seen fit to afflict with an infirmity that has always commanded enlightened human sympathy and protection. But for judicial interference, the commission of a bad act, and more especially the commission of a *series of bad acts* running through the whole catalogue of depravity, would soon be deemed the highest proof of insanity. We should speedily get back into the Spartan way of considering crime commendable in proportion as it is successfully concealed by a cloak of some sort ; a *habit* of doing wickedness in some particular mode, the uniformity of which shall make it a mania ;—so that a habit of theft shall be *kleptomania* ; a habit of arson, *pyromania* ; a habit of murder, *homicidal mania* ; and thus to the end, until all crime shall be nothing but *mania*.

This tendency to shelter guilt under technical names and forms, and under the nomenclature of scientific distinctions, useful enough in their way, is utterly subversive of divine and human codes of law ; and we rejoice in every instance when such an attempted subversion of them is put down by a strong arm, legally nerved for the purpose. Let insanity have a full, broad, and very humane protection ; but let not the simulation of it, or the evil habitudes of bad men, who would immolate, by chance, five hundred human beings at a blow, exempt the culprit from the full measure of punishment for such an act. Speirs was evidently prompted by the ordinary motives that control sane men, reckless, improperly tutored, and who give the reins to all their natural revengeful impulses. He began by burning petty shops to avenge trifling wrongs, and ended by burning his own palatial shelter to avenge wrongs quite as trifling. He was careful to commit his final crimes in the light of day, and thus cun-

ningly to secure immunity from a penalty which he seems to have amply deserved, by placing himself under the legal protection of a subordinate degree of arson which is punishable by imprisonment only, when his offense was really worthy, in our judgment, of the severest vengeance of the law. \*

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### GALLIC ACID IN PURPURA HÆMORRHAGICA.

April 14, 1858. W. F., a case of dementia of two years standing; following a year of maniacal excitement. Has been enfeebled and anemic during winter and spring: debility such the past three weeks as to keep him in bed. Two months since was put upon Huxham's tincture and the citrate of iron, which he has continued to take up to the present date, but with no apparent benefit.

On the 11th inst., was attacked by severe pains in the legs and back,—in latter especially over region of kidneys; loss of appetite, gastric derangement, and sore throat; gums and mouth were tender, and bled easily. At present circular spots of a dark-purple color are numerous distributed over both legs; on right calf a large ecchymosed patch is the seat of much pain; over right knee, a livid blotch is accompanied by swelling, and an apparent disposition to the formation of abscess. Pressure on legs, or attempts to flex them, occasion him much distress. The urine has the dark coffee color, and characteristic appearance of hæmaturia.

Discontinued tinct. cinchonæ comp. et ferri citrat.

℞. Calomel gr. iii, pulv. Doveri, gr. v. *ter in die*.

April 16. Great prostration; pulse quick and feeble; face blanched, and expression anxious. During night has bled freely from gums. Is this morning slightly salivated, although he has taken but twelve grains of the submuriate.

Discontinued calomel and Dover's powder.

Ordered Bell's gargle for mouth.

℞. Acid. Tannic., gr. v. *ter in die*.

April 19. Ptyalism subsiding, as well as the œdema of the face,



which has been considerable. The purpuric phenomena, character of urine, &c. remain unchanged. Medicine continued.

April 29. No material improvement since last note. Small bloody clots or shreds continue plentifully distributed throughout the urine. Legs becoming œdematous. As no appreciable benefit has resulted from the administration of tannin, it is to-day discontinued.

R. Acid. Gallic., gr. x, *ter in die*.

May 1. The patient had taken but 20 grs. of the above, when a marked change occurred in the character of his urine; the clots and traces of blood were no longer present—it became clearer; and to-day is of natural color and appearance.

May 6. Yesterday the medicine was partially discontinued in order to test its apparent controlling power over the hæmaturia, and to-day the evidences of hemorrhage again exist. The Gallic acid is resumed in xx gr. doses three times a day.

May 7. Urine again clear and normal.

May 17. The ecchymosis is fading from the limbs, and redness is returning to the lips. The urine has continued natural since the last note. General health improving.

May 31. Convalescent.

It is now (Sept. 1) three months that patient has been able to sit up. During this time his mental faculties have been greatly invigorated. He is recovering from dementia, and his bodily health is excellent.

In this case the purpura developed itself after the patient had been for two months, and while he was still taking the citrate of iron—a medicinal agent we have seen employed in this disease, and one, too, whose use is naturally suggested by the recognized effects of citric acid in analogous diseases. The other remedies employed failed altogether. The length of time the patient endured the alarming depletion is extraordinary; his lips had the whiteness of chalk; and any but a horizontal posture was forbidden, even for an instant, from fear of fatal syncope. The chief point of interest, however, is the almost instantaneous benefit that resulted from the administration of gallic acid, and its therapeutic virtues in this instance as contrasted with those of tannin, in arresting the hemorrhage.

## BIBLIOGRAPHICAL.

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*A Manual of Psychological Medicine: containing the History, Nosology, Description, Statistics, Diagnosis, Pathology, and Treatment of Insanity. With an appendix of Cases. By JOHN CHARLES BUCKNILL, M. D., and DANIEL H. TUKE, M. D. London: John Churchill. 1858.*

THERE can be no doubt that a treatise on mental medicine, in the character of a text-book, and bringing together the latest results of observation and research in this department, has come to be demanded, not only by the members of our specialty, but by the medical profession at large. The study of insanity is rapidly gaining the attention of the general practitioner, and the day is probably not far distant when it will have its proper place in the curriculum of the schools. The recognition of these facts, and the special direction of effort by the authors to supply a want of this kind, give particular interest to the present work.

Yet even if the study of mental disease were still confined, as it so long almost exclusively has been, to those having charge of institutions for the insane, the treatise would be welcomed as timely and valuable. For although the literature of insanity, in monographs, essays, and descriptions of the disease, will compare favorably with that of almost any other branch of knowledge, of as recent development, no complete compend of the subject has for many years been published in the language. The work of Esquirol, generally referred to in this country, was produced too soon after the beginning of modern research in mental disease, to be of much present value; and that of Dr. Prichard, though valuable, and somewhat later, was too much given to special views of insanity, and fails to represent the present state of knowledge in mental medicine, in the direction as well as the extent of its progress.



It will, we suppose, be generally gratifying to the members of the specialty, that at a time when increased attention is being paid to mental disease by the profession, a representative treatise has been undertaken by gentlemen so well and so favorably known as Drs. Bucknill and Tuke. Their scientific and literary ability, with their large practical acquaintance with their subject, should indeed eminently fit them for the task ; and, taken as a whole, the result of their labors will not fail to answer a just anticipation.

The frequent discussion of mooted topics in any department, it is well known, may have either of two diverse effects upon the minds of the disputants. One of these is the tendency to fix opinion in an extreme direction, and to magnify the importance of the matter discussed ; the other disposes, in view of the many-sided relations of all science, to a more and more liberal and moderate belief. These tendencies are both exemplified, we think, in the book just given to the profession ; and, in regard to the first, it is to be regretted not only because that in a text-book, particularly, it should be avoided, but because here it impairs the symmetry of the work, as a single treatise. How far this has been done will appear from a brief analysis of, especially, Dr. Tuke's portion of the text. Dr. Bucknill's essays, forming the other portion, are so well known to our readers that the comparison will be readily made.

Nearly equal parts of the book are contributed by the two writers, and the topics are divided to correspond with the different directions of study which each has more especially pursued. Dr. Tuke contributes the chapters on the history, nosology, description, and statistics of insanity ; Dr. Bucknill those on diagnosis, pathology, and treatment. The latter also furnishes, in an appendix, a description of representative cases, which are lithographed for the frontispiece, and the histories of a number of cases, illustrating the causation, treatment, and pathology of mental disease.

The first two chapters, comprising thirty-one pages, are devoted to a history of insanity among the ancients, and its treatment by the fathers of medicine. This portion, which it may be thought should have been printed as an introduction to the body of the work, gives

in a very succinct manner, nearly all that is known in the ancient history of the subject. It will well serve to show the student that the study and treatment of mental disease are almost entirely modern, and perhaps to prepare him for the various and conflicting notions of treatment which he will find to belong to this branch, in common with general medicine. As when, for instance, *vinum et amor* are directed against the disease from one point, abstinence and continence from another; while starvation and stuffing, bleeding and building up, chiding and charming, even restraints and padded rooms, belong to the contrary methods, as well of the ancient as the modern psychiatrist.

“Modern civilization in its bearing upon insanity,” forming the third chapter, and the conclusions upon which topic occupy the opening paragraphs of the book, will be recognized as a favorite theme of the writer. The proper order for it would be a change of place with the next chapter, continuing the history of insanity through modern times. In accordance with the general decision of inquirers in this field, Dr. Tuke concludes that modern civilization—or a high, general civilization—does, as such, favor the production of insanity. He demonstrates that, without exception, cases of insanity are found in excess under the highest civilization. This result is so plainly indicated in a physiological view of the subject, that the wonder is it should ever have been questioned. It seems to us quite as certain that cerebral lesions must be more frequent in a nation of reformers, sectarians, inventors, and thinkers of every sort, as that in a race of warriors there should be an excess of wounds and mutilations of the body. The manner, however, in which these conclusions are reached through the much-abused agency of statistics, speaks well for their general reliability. Dr. T. occupies conservative middle-ground on the subject of statistics. He not only acknowledges, but points out the numerous fallacies of the extreme advocates of this method, while at the same time he recognizes the great importance of exact and guarded numerical observations.

The completion of the history of insanity is entitled, “Amelioration of the condition of the insane in modern times, especially in re-



gard to mechanical restraints." We must venture to find fault with this chapter, on two accounts ; its incompleteness, and unfairness. It is more important to note the first of these for the student, as the restraints-discussion is a local one, and as the vexed questions of the specialty will hardly gain his attention. With Dr. T., we are aware, the tendency to the double error is also two-fold ; arising from both national and family dispositions. He is a true Briton, and the great-grand-son of one whose name stands beside that of Pinel at the head of a most noble work of philanthropy and medicine. Yet the insular view of the subject is no small imperfection in such a work. That the modern history of insanity from the brilliant initiatory labors of Pinel and Tuke, and including those of Esquirol, Jacobi, and the many other celebrated French and German psychologists, should be entirely confined to the United Kingdom, great as is the space which properly belongs to its names, is a serious omission. Instead of this, we have only the long list of instances of abuse, under the "ancient method," culminating in the well-worn case of Norris ; and the re-statement of the question as to the origin of the "non-restraint system." The fault of unfairness follows, in making the disuse of restraints the test, as well as the limit, of reform, in the history of the amelioration of the condition of the insane. Much more than one half the space given to the history of insanity for the past century of development in its medical, physiological, legal, humane and economical aspects, records simply the gradual disuse of mechanical restraints. With every desire to give due credit to British psychologists for their labors in all these directions we the more regret the seeming determination of some of them, in season and out of season, to thrust into the foreground so insufficient and ill-chosen a device as, "The System of Non-restraint."

The following explanation is given to close this portion :

"In the foregoing sketch of the treatment of the insane much prominence has necessarily been given to the non-restraint system. But it must not be inferred that the removal of mechanical restraint is all which the present system of treatment embraces. The Medico-moral treatment which the insane require and receive, has not been particularly dwelt upon here, inasmuch as the subject will be fully treated of in the chapter on Treatment."

Yet we feel that our readers will be disappointed in not finding the history of this medico-moral treatment in its complete development, rather than the chronological order of the laying aside of chains, leg-locks, hand-straps and strait waistcoats.

The definition, and classification of insanity are next treated. Dr. T. recognizes and explains the necessary incompleteness of any definition of insanity, and while noticing those given by the more prominent authors, does not add one of his own. He prefers however that of Dr. Bucknill; "A condition of the mind in which a false action of the conception or judgment, a defective power of the will, or an uncontrollable violence of the emotions and instincts, have, separately or conjointly, been produced by disease." The writer insists that great stress should be laid upon the term disease, in this, or any definition; though loosely speaking of it in the same paragraph, as first the cause of insanity, and again as the thing itself. This seems to us rather to bring back the definition to the term to be defined. No element of cerebral disease other than the mere phenomena of derangement are necessarily manifested in insanity, and Cullen, Guislain and others, even require in their definitions the absence of pyrexia. Yet the simple statement of the phenomenal condition in the clear terms of Dr. Bucknill, with the reference to disease, is perhaps the most perfect definition which the present state of knowledge will allow.

While recognizing the primary importance of classification in a treatise like the present, our limits oblige us to be brief upon this point. We shall again refer to the subject, in connection with this work, at a future time. It may suffice to say, that, while retaining most of the time-honored terms, they are made secondary, by Dr. T., to the metaphysical divisions, of the intellect, the moral sentiments, and the propensities. From the classification based primarily upon these distinctions,—which we should like to give in full did our space permit,—follow the extreme views of moral insanity, and the high rank given to special manias, which appear to us to detract from the great value of the next chapter, and force a contrast with the eclectic and conservative terms of Dr. Bucknill. Thus, under the



primary division, emotional insanity, of Dr. Tuke, are given, with equal importance as first subdivisions, melancholia, (without delusion) moral insanity, suicidal mania, homicidal mania, kleptomania, pyromania, and oinomania. Whereas, Dr. Bucknill makes these latter only varieties of moral insanity, (the definition of which he contracts much from that of Prichard, and guards with great care,) finds "scanty authority for the establishment of a pathological state" in kleptomania, and thinks "the term pyromania ought to be expunged from the books, or remembered only as a passing absurdity of psychologists." Yet this chapter, on the various forms of mental disease, is the most lengthy in the book, and is written with great pains and completeness. The subjects of the special manias, and of moral and impulsive insanity, are treated in a much less extreme manner than the classification would allow, and whatever may be thought of the divisions primarily upon a metaphysical basis, it cannot be said that the great facts in insanity, which observation has made common to all practical psychologists, have been ignored or materially wrested.

The causes of insanity are largely discussed by Dr. T., and the results deduced from widely and carefully gathered statistics, mainly confirm conclusions generally admitted. Heredity, age, sex, season, climate, city and country life, occupation, and marriage and celibacy, are severally considered as predisposing causes; and a long list of moral and physical evils are referred to as exciting causes. If the results are not satisfactory to the student, he may be sure that the difficulties inhere in the subject, and are not due to any deficiency of the writer. The proportions of recoveries and relapses are also made as reliable as the nature of the matter will admit, and from the largest data. In both a humane and professional point of view they are very satisfactory.

We shall be excused from either criticism or analysis of the three chapters, on, severally, the diagnosis, the pathology, and treatment of insanity, which make up the remainder of the book. From criticism, because any difference in opinion from so eminent an authority that we may entertain would require a more extended defense than we are at present able to give; and from analysis, from the fact, of

which our readers hardly need be reminded, that a large portion of the text has been copied into our columns from the *Asylum Journal of Mental Science*, edited by Dr. Bucknill, and in which it was first published. We do not know where any thing can be found in the literature of the specialty to compare with these essays, in complete and logical treatment, and the clear, practical manner in which their subjects are discussed. They will be cited as authority wherever the language is used, and will no doubt be extensively translated.

It is proper to say that at the close of the chapter on treatment, two pages, besides the personal views of the writer, as given to the British Commissioners in Lunacy, and here printed as a foot-note, are given to the subject of mechanical restraint; and that to the doctrine or spirit of these no exception can be taken by the advocate of a qualified and medical use of restraints.

The representative cases, pictured in the frontispiece, and described in the appendix, will aid the learner in his study of the physiognomy of insanity. The faces representing imbecility, dementia primary and secondary, melancholia, and "monomania of pride," are especially characteristic. That of general paralysis has little distinctive that we can recognize, and that of acute mania is deficient. This is no doubt the fault of the engraver. More important than these are the detailed histories of cases illustrating the cause, pathology, and treatment in typical forms of mental disease. These are drawn with the pen of a master, and will be a valuable guide in the distinction of cases.

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*History of Civilization in England.* By HENRY THOMAS BUCKLE.

Vol. 1. From the second London edition; to which has been added an alphabetical index. New York: D. Appleton & Co.

ALL the master-minds in inductive knowledge for the past century of the world's scientific progress have reached out, from the special departments of natural science which they have severally cultivated, towards the more noble conception of social laws, including human



progress and destiny. More or less evident in all the great generalizations of science, this disposition has most naturally proceeded from the discoveries in physiology and zoology. Hence the importance given to the problems of sociology, through the writings of Bichat and Cuvier, to those of Agassiz and Dr. Draper of our own time and country. The latter, in his recent work on physiology, has sketched an outline of the new "science of the sciences," which does him great credit as a student and thinker.

But if Mr. Buckle's work is not original in conception, we shall hardly the less admire the grandeur of its proportions, and the boldness with which it has been undertaken. The attempt is no less than to resolve all the known facts of human existence into the expression of a law ; to supply a method in the place of mere detail ; to convert the records of history into the science of sociology. A lifetime of the patriarchs would not of course suffice to rewrite all history after such a plan, supposing that it were practicable. The history of civilization in England, is the limited but still prodigious task, which a man, some thirty-five years of age, has been during his riper years preparing for, to which he proposes to devote the remainder of his life, and one half the introduction to which fills the six hundred and seventy pages of the first volume. It will not be denied, we suppose, that the writer brings to the work qualifications in a great degree correspondent with its magnitude and importance. Evidences of a powerful intellect, and of great erudition, are found on every page, and the directness and simplicity of its style are eminently appropriate.

After allowing thus much for the book, in its lofty purpose and its positive merit, it were easy, if proper here, to refute many of its conclusions, or meet them with other and contradictory masses of facts in many of the divisions of science, which it is attempted to combine into "generalizations large enough to include all the social phenomena." There is little doubt also that the majority of its readers, who regard with favor the plan of the author in viewing history from the stand-point of inductive science, will disagree with several of his primary statements and deductions.

Every step of progress in science adds to the growing conviction in the minds of scientific men, that mental and social phenomena rest upon great principles of causation corresponding to the known laws of the physical world. Of those who deem that the present conditions of human knowledge do not forbid the possible discovery of these laws, a part view them as proceeding from an infinite, intelligent Cause, and rank moral phenomena among the first in importance ; while others give material facts the foremost place, or deny altogether the efficiency of moral causes. Mr. Buckle is of the latter class, and it will be fairly charged that he has warped the just conclusions of science to support his theory, and treated moral and religious truths with a recklessness and an *animus* unworthy the historian and philosopher. We may notice his argument at one point, because it lies at the foundation of much that follows, and because, coming within our special field of observation, it seems to us particularly inconclusive.

Beginning with the fourth chapter, two sets of laws are recognized in the discussion as including all the facts of social progress ; the moral, and intellectual. The insufficiency of the metaphysical mode of investigating these laws, is then happily and fairly illustrated by the absence of results in the attempt to determine through physiology the comparative number of births of each sex. The numerical method is indeed the much more hopeful one. But here the author makes an assumption which seems to us entirely gratuitous and unauthorized. It is that one of these two laws is that of "the more powerful agent, whose operations are casually disturbed by the inferior laws of the minor agent." The intellectual is of course the gravitating, the moral the perturbing force. It will probably occur to the reader, whether there is not too great audacity in thus grasping at a central law, at so early a stage of the inquiry into social science. The revolution of the planets, and the tendency of bodies to approach the earth, had been some time observed before the law of gravitation was attained. We cannot follow out the extended argument in support of this comparative estimate of two civilizing forces. Based on the assumption of the necessary pre-eminence of



one, we wait to be convinced of its correctness, until the promise is fulfilled to trace out the progress of civilization from the discoveries in natural science. But the superior rank and power of moral over mere intellectual truths we are convinced is felt in every individual and in every national experience through the civilized world.

It is a preliminary to this argument, however, which we wish especially to notice. It is regarded as at least unproved that either the moral or intellectual faculties of men are naturally more acute than they have been at any other historic period, and as dependent upon this, Mr. Buckle denies the whole theory of hereditary transmission. We have room for only the concluding remarks, and the foot-note attached.

“Whatever, therefore, the moral and intellectual progress of men may be, it resolves itself not into a progress of natural capacity, but into a progress, if I may so say, of opportunity; that is, an improvement in the circumstances under which that capacity after birth comes into play. Here, then, lies the gist of the whole matter. The progress is one, not of internal power, but of external advantage. The child born in a civilized land, is not likely as such, to be superior to one born among barbarians; and the difference which ensues between the acts of the two children will be caused, so far as we know, solely by the pressure of external circumstances; by which I mean the surrounding opinions, knowledge, associations, in a word, the entire mental atmosphere in which the two children are respectively nurtured.

“We often hear of hereditary talents, hereditary vices, and hereditary virtues; but whoever will critically examine the evidence will find that we have no proof of their existence. The way in which they are commonly proved is in the highest degree illogical; the usual course being for writers to collect instances of some mental peculiarity found in a parent and in his child, and then to infer that the peculiarity was bequeathed. By this mode of reasoning we might demonstrate any proposition; since in all large fields of inquiry there are a sufficient number of empirical coincidences to make a plausible case in favor of whatever view a man chooses to advocate. But this is not the way in which truth is discovered; and we ought to inquire not only how many instances there are of hereditary talents, &c., but how many instances there are of such qualities not being hereditary. Until something of this sort is attempted, we can know nothing about the matter inductively; while, until physiology and chemistry are much more advanced, we can know nothing about it deductively.

“These considerations ought to prevent us from receiving statements (*Taylor's Medical Jurisprudence*, pp. 644, 678, and many other books) which positively affirm the existence of hereditary madness and hereditary suicide; and the same remark applies to hereditary disease (on which see some admirable observations in *Phillips on Scrofula*, pp. 101-120, London, 1846); and with still greater force does it apply to hereditary vices and hereditary virtues; inasmuch as ethical phenomena have not been registered as carefully as physiological ones, and therefore our conclusions respecting them are even more precarious.”

While it is probable there has been little if any absolute gain in the powers of the human mind, we cannot perceive that there is any necessary connection between this and the question of hereditary transmission. There surely need be nothing cumulative in the idea of heredity. The external circumstances, and new combinations of opposed states and qualities would prevent this in fact. The large amount of statistical evidence in its favor, which Mr. Buckle sees fit to depreciate, is good at least until the first adverse generalizations are brought forward. In the entire medical profession, there is almost no dispute of the law of heredity in bodily and mental disease, and the “unconscious inductions” involved in the popular belief of its truth, are of no small value. Surely there is every indication in our present state of knowledge, that the laws of transmission are to rank with the first in importance of the generalizations of social phenomena. To deny this, and to make man the immediate product of food, soil and climate, is a false and debasing theory.

It is because the world has dearly learned how much more essential to its true welfare is its moral than its intellectual progress, that the readers of this book will be warned against its doctrines perhaps more earnestly than is really necessary. Pursued to their ultimate result, they are the old teachings of fatalism and atheism; but these are uncongenial and unnatural to the human mind, and whenever they prevail are rather the symptoms of a depraved moral sentiment. There is now nothing new to be urged against the essential truths of religion, and religious beliefs are attained upon quite other principles of investigation than through statistical data, or bald physical facts. If the intellectual powers have not attained a higher level



than in the older civilizations, they have spread out immeasurably beyond the limits which gave a single great intellect to a nation. The tendency of such a book as the present is now mainly to stimulate inquiry. Its real nutriment will be quickly separated and pass into other forms. Its assumptions, its unworthy motives, its sneers and its denunciations, the present age will mostly recognize and reject.

In the republication of this volume from its expensive and less elegant form in the London edition, the American publishers have shown their usual judgment and enterprise. Even with the radical faults of the book, if its promise is but partially fulfilled in the succeeding volumes, the complete work will be one which no liberal student can be without, and which will perhaps find more readers in this than in any other country.

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*Traité Spécial d' Hygiène des Familles, particulièrement dans ses rapports avec le mariage au physique et au moral, et les maladies héréditaires.* Deuxième édition, refondue et corrigée.

*Special Treatise on the Hygiène of Families, particularly in its relation to marriage physically and morally considered, and to hereditary disease:* By Dr. FRANCIS DEVAY, of Lyons. Second edition, revised and corrected. Paris: Labé. 1858.

IN the above recent issue of the French press, are very fully and ably discussed the subjects usually treated of in works of this character,—age, temperament, constitution, climate, education, religion, &c., and their relations to health and longevity. Still fuller, however, and more abundant in illustration are those chapters which are of particular interest to the psychologist, and which treat of the hereditary character of disease, and of the hygienic relations of marriage. We translate so much as relates to hereditary insanity, reserving for a succeeding number of the JOURNAL some extracts bearing upon the latter subject.

“ ‘ Of all diseases,’ says Esquirol, ‘ mental alienation is the most markedly hereditary. Although recognized in only 337 out of 1,375 cases, I am persuaded that this predisposing cause is of much more frequent occurrence.’ Of 14,362 insane persons admitted into various institutions, the influence of hereditary predisposition was established in 1,682 cases. Insanity is oftener transmitted by the mother than by the father. Children born before the parents have become insane, are less liable to mental alienation than those born afterwards. Dr. Baillarger has shown, in a memoir read before the Royal Academy of Medicine, that insanity is more frequently inherited from the mother than from the father by one-third ; that while in *boys* the disease is traceable very nearly as often to the father as to the mother, *girls* on the other hand inherit at least twice as often from the latter as from the former. In applying these results to *prognosis* in the cases of children born of insane parents, we arrive at the following conclusions : 1st. Insanity in the mother, as regards transmissibility, is of more serious import than in the father, not only because it is *oftener* hereditary, but also because it is likely to be transmitted to a larger proportion of the offspring : 2d. Inheritance of the disease from the mother is more to be apprehended for the girls than for the boys, while the converse of this proposition is true as regards the father. 3d. Insanity of the mother is only a little more likely to be transmitted to the *boys* than that of the father ; it is on the other hand two-fold more liable to attack the *girls*.

“ Epilepsy is one of the diseases most frequently transmissible : on this point, the medical profession, ancient and modern, are unanimous. Zacutus Lusitanus cites the instance of a man who had eight children and three grandchildren, all of whom were, like himself, epileptic. According to Copland, this hereditary influence is often to be looked for among the grandparents, the uncles, the aunts, of the individual affected. Of 110 cases recorded by MM. Boucher and Cazauvielh, 31 were born of epileptic parents. The propensity to suicide appears sometimes to be hereditary in many members of the same family ; uncles, aunts, cousins,—two, three, four, five or six brothers, have been known to betake themselves to this refuge of despair. Very often too, it is at some particular period of life that these unhappy persons yield to the hereditary impulse, in fulfilling their fatal destiny. The melancholy facts which prove the hereditary character of this suicidal propensity, are unfortunately but too abundant ; it is besides more to be feared in those whose ancestors have either been insane, or else have sought death without appreciable motive, or for some slight or imaginary cause. ‘ We have seen,’ says Esquirol, ‘ whole families become either suicides or lunatic.’

“ Having considered these two diseases, so disastrous in their influence on human life, we come now to speak of that numerous class, proceeding from the same family, but very varied in their forms, and



which are vaguely designated under the name of *nervous affections*. The common origin of these affections, among which we include hypochondria, hysteria, nervous excitability, &c., is a sort of diathesis traceable to one or other parent. 'We often find,' justly remarks Portal, 'these various hereditary affections occurring indifferently in families predisposed to them. In a given family, for example, we shall find one child maniacal, another epileptic, while another may die of apoplexy. In another such family again, may be cases of hysteria, or insanity, or of congenital blindness or deafness.'

"The general rule is, that in families afflicted with insanity or epilepsy, are likewise found those other multiform nervous disorders, milder in their manifestations, but depending in reality on the nature of the original disease,—all in fact having a common origin in the family diathesis. We have known a man subject to simple gastralgia become father to a maniacal child; in this family there had been cases of insanity among the more remote ancestry. We have likewise observed a case of *angina pectoris*, (a fatal affection, and one whose nature is as yet little understood) in the descendant of a family, very many of whose members had died of cerebral diseases. Such facts as these, (and their number might very easily be multiplied) bring us to an important conclusion, viz: that while for the most part these nervous affections of the parent are reproduced in a *similar* form in the offspring, they may also be transmitted in a form entirely *dissimilar*. Although in a family, in the large majority of whose members we may have been able to establish the existence of that pathological condition vaguely designated as *nervous excitability*, *nervous erethism*, or the like, this condition may not develop itself in any one or more of the graver diseases, such development will nevertheless take place in a succeeding generation. Thus, mere nervous irritability, ill-defined in the case of one generation, will become in their descendants the origin of some well-characterized affection, such as mania, epilepsy, hysteria, &c. These are views which we desire to impress very strongly upon families.

"'It would not be easy to deny,' says M. Piorry, 'that the nervous constitution of the child is the immediate consequence of that of the parent.' Now if we admit this principle, we must also concede the natural inference from it, and every disease of innervation we must regard as the result of hereditary predisposition. We sometimes find very curious examples of these transformations. Dr. Monett, of Washington, after relating several cases illustrating the transmissibility of nervous disease and nervous irritability, relates that of a boy, attacked with spasms, cephalalgia, &c., whose father had been epileptic, and his mother hysterical."

## S U M M A R Y .

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NEW YORK STATE CENSUS OF 1855.—This census-report is much the most complete and elaborate of any heretofore made for the State, and the great labor evidently expended upon it to this end accounts for the delay in its publication. The arrangement and comparison of statistics in former censuses has been done by the county-clerks of the several counties. In the present this has been performed in the office of the Secretary of State, and with great advantage to its symmetry and correctness. It has been superintended by the well-known, eminent statistician, Dr. Hough, to whom the whole credit of the careful compilation and scientific arrangement is accorded. Another effort to centralize in the task, has not, however, resulted so favorably. The office of appointing census-marshals, formerly pertaining to the town-clerks and supervisors, was, for partisan reasons, given to the Secretary of State. This officer being unable to appoint intelligently, as a matter of course, and the public withal generally disliking the change, the statistics are less perfect on this account.

The total population of the State is given, as 3,466,212 ; showing an increase of nearly one hundred per cent., in twenty-five years, and of twelve per cent. in five years. There were found 10,912 more females than males. At each former census-period, there has been more than three times this excess of males. It is worthy of inquiry how far this change is due, if in any degree, to physiological causes, or if it can be directly accounted for by an unusual character of recent migration.

The total number of insane enumerated was 2,742 ; idiots, 1,812 ; blind, 1,136 ; deaf-mutes, 1,422. By the census of 1845, there were found, insane, 2,168 ; idiotic, 1,620 ; blind, 877 ; deaf-mutes, 1,082. These figures show a small increase in the number of these classes. When compared with the total population of the State at the two periods however, there is found an actual decrease in the ra-



tio of each class. Thus, in 1845 the proportion of those physically and mentally deficient, under the above heads, to the entire population, was as 1 to 453 ; in 1855, as 1 to 488. The following table gives the number of total population to each person who is insane, idiotic, blind, and deaf-dumb, for the several census-periods.

Census.	Insane.	Idiotic.	Blind.	Deaf-Dumb.
1825,	1,971	1,135	-----	2,503
1835,	2,249	1,464	2,446	2,331
1840,	1,036	-----	2,517	2,184
1845,	1,201	1,755	2,969	2,407
1850,	1,229	1,798	2,623	2,452
1885,	1,264	1,972	3,051	2,431

In 1840, no distinction was made by the census-marshals between the insane and the idiotic, and in the present census the unreliability of the division between these two classes is evident from an examination of the reported causes of idiocy ; among which are epilepsy, paralysis, intemperance, and spinal disease. Indeed, notwithstanding the definite and guarded instructions given regarding the enumeration of these classes, there have been not a few errors made in several directions, and a wide margin must be allowed for them in the use of the results. The comparatively small number of insane found in the cities, is no doubt one of those imperfections. In European cities, the ratio of insane is much greater than in the country-towns ; while in this State the figures show a comparative immunity from the disease in the cities. This may be accounted for in part, as the report suggests, by the greater delicacy and less good-sense of the relatives of whom inquiries were made : but it is likely that other sources of error might be found, to offer a more competent explanation. The apparent decrease in insanity indicated by the figures for the last three or four census-periods, will perhaps appear strange to some, who know how many more cases of mental disease are recognized at present than there were twenty years ago, and how, in accordance with the general experience of other countries, the disease must become more common as communities grow older, and civilization advances. Two considerations may help to explain this seeming discrepancy. The first is the fact, that the more general recog-

nition of mental disease in its first stages, and the well-known advantage of its early treatment, has, by the cure of a large proportion of cases, lessened the number of the chronic insane, who would appear, perhaps, in several, successive census-reports. The second consideration, is the unwise policy of the State in obliging the greater part of the insane who can be supported at private expense to seek the asylums of the neighboring states for treatment, in the want of sufficient provision for them in their own. These cases, of course, are not included in the census of this State.

We quote the following from the report, in conclusion :—

“Inquiries into the numbers of these unfortunate classes, with specifications of sex, age and dependence upon public or private support, were made in the State censuses of 1825, 1835, and 1845, as well as in the national censuses of 1830, 1840, and 1850, extending, however in the latter, only to the whites ; excepting in 1850, when the free colored class was included. In the present census, in addition to the usual inquiries, the cause of the infirmity, if known, was required to be noted, and the marshals were particularly directed to use the utmost care in procuring accurate intelligence on this point.

“From difficulties apparently inherent to our mode of taking the census, these returns exhibit less detail and reliability than is desirable, although they compare very nearly in their results with those of other enumerations. It remains for future investigation to discover the influences of locality, elevation, salubrity, density of population, hereditary tendency, and other causes, upon the development of these maladies, and the practicability of diminishing their prevalence by a modification of the causes.”

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THE N. Y. STATE INEBRIATE ASYLUM.—The ceremony of laying the corner-stone of this institution took place at Binghamton, N. Y., on the 24th Sept., ult., and included appropriate addresses and remarks by Rev. Dr. Bellows, Dr. John W. Francis, Hon. B. F. Butler, president of the corporation, Hon. Edward Everett, Hon. D. S. Dickinson, and a poem by Alfred Street, Esq. That a very general interest is felt in the inauguration of this new field of philanthropy was manifested by the numerous and respectable attendance, drawn from all parts of the State, on this occasion.

The site of the Asylum is about two miles from the city, on a con-



siderable eminence, commanding a wide and delightful view of the river and valley of the Susquehanna, and the surrounding hills. It is connected with a farm of 250 acres, donated to the institution by the citizens of Binghamton. The material selected for the building is brick, with stone trimmings. The plan is by I. H. Perry, architect, of N. Y. City. It is in the Gothic style, and includes a central building and two wings, extending 365 feet in a straight line. The height is three stories, besides the basement, which is mostly above the surface. A single story of one wing forms a distinct ward; thus providing for eight classifications of the 250 inmates, designed to be accommodated. The central building will contain, on the first floor, the public offices and reception-rooms; on the second, the private apartments of the officers, and the library; and on the third the chapel and other rooms. The whole is to be heated with steam, and ventilated by a fan, and it is designed to adopt all the other valuable improvements recently introduced into hospitals.

This Asylum was incorporated by an act of the Legislature, in April, 1854. Its origin is due to the noble efforts of men of the foremost names for worth and intelligence throughout the State, and without reference to party, sect, or locality. The members of the learned professions, and especially that of medicine, have greatly interested themselves for its success. By the terms of its charter it was required to have a capital of fifty thousand dollars, in shares of ten dollars each, and of which ten per cent. should be paid before the commencement of operations. Among the prime-movers in the enterprise, and first in presenting its claims to the public, was Dr. J. Edwards Turner. By his efforts, mainly, the required \$50,000 was soon subscribed; and, notwithstanding the financial difficulties of the past year, a large share of this has been collected. This will probably be less than one-half the whole sum needed, but it is expected that the charities of the public will still be attracted to it, and it is to be hoped the State legislature will appropriate liberally to make up the amount. The directors anticipate that the Asylum may be opened at the end of two years from the present time.

It is with much satisfaction that we note the favorable circum-

stances thus far attending this experiment in a new direction of charitable effort. The peculiar difficulties that must be overcome in the way to its success, and which few can appreciate who are without considerable experience of the class to be dealt with, could hardly be more advantageously met than in the present enterprise. We gather from its history, and from the addresses at the late ceremony, that its main idea is humanitarian, rather than chiefly medical, or disciplinary. The confirmed drunkard is to be committed to this Asylum, that in the absence of temptation, and in the use of every means adapted to the purpose, he may regain the lost control over his propensity; while at the same time society will be relieved of the evil of his example, and the danger from his condition. It seems to be assumed by the directors, it is true, that a distinction may be made between intemperance and inebriety, as between a vice and a disease. But this is seen to be an impossible distinction, and is termed by Dr. Bellows "a convenience of moral nomenclature." We have no doubt that even a theoretical prominence given to inebriety as a disease, would be most inconvenient and embarrassing. Inebriety is not properly ranked as a form of disease, although often in part caused by disease. It is not accepted as such by the popular sense, and the theory of the law will not admit of such construction. Practically, we are given to understand, cases of intemperance connected with a dementia, or a perversion of the mental faculties, will have the preference in treatment. But it is wisely and boldly announced that the purpose of the Asylum is not based on any theory of inebriety as a disease. In truth, the inebriate and the intemperate, the diseased and the depraved, the unfortunate and the erring, even the guilty and the innocent are to be saved, if possible, to society and themselves, and in the name of humanity and religion.

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THE COUNTY SUPERINTENDENTS, AND THE INSANE POOR.—For five years past, the county superintendents of the poor in the State have held yearly conventions, that by a comparison of views, and a united appeal to the Legislature, the inadequate laws relating to pauperism, orphanage, and lunacy, might be perfected and system-



ized. In their convention in 1845 a committee was appointed to memorialize the Legislature on the subject, and the result was the appointment of a Select Committee of the Senate, to visit all the charitable and penal institutions supported by the State. This Committee, it is known to our readers, after a thorough investigation, made an elaborate report, in which the earnest appeals of the county superintendents are fully justified. Yet at the convention of the latter in 1857, their object remained unaccomplished.

On the 14th Sept. ult., they again convened at Utica. In pauperism proper, they mainly urge that their relations with the emigrant poor and the Commissioners of Emigration, shall be made more just and definite. The matter of provision for orphan and destitute children has also deservedly received their attention. They assert that the law should entirely forbid the keeping of these children in county-houses, or associating them in any way with paupers. The counties should become the legal guardians of this class, who are not to be considered as paupers, but to be carefully trained with a view to self-support at a proper age. This liberal and enlightened policy is strongly commended to the action of the Legislature.

In regard to further provision for the insane poor, the late Convention approved the recommendations and memorial of the Convention of 1856, urging the building of additional asylums, and again appointed a committee to memorialize the Legislature. The superintendents justly complain of the necessity of crowding the county-houses with chronic lunatics, to be turned over to the pauper and vicious, and without the means of classification, even for the separation of the sexes. Another considerable evil has been forced upon our own notice. It is the attempt, on the part of some of the less intelligent county officers, to treat acute and curable cases of insanity in these receptacles; the result being to render the patients incurable, and to continue them during their lives as a public charge. We hope to see the noble efforts of the great body of superintendents to remove these, and other evils of our charity system meet with the success which they deserve.

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RESIGNATION.—Dr. E. H. Van Deusen has resigned the position of First Assistant Physician at the New York State Lunatic Asylum, to enter upon the duties of Superintendent of the new Asylum for the Insane, at Kalamazoo, Mich.

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APPOINTMENT.—Dr. Frederick Nash, of New York City, has been appointed an Assistant Physician to the New York State Lunatic Asylum.

## BOOKS AND PERIODICALS.

Since our last issue the following publications have been received in exchange, or otherwise.

Traité Spécial d'Hygiène des Familles, particulièrement dans ses rapports avec le mariage au physique et au moral, et les maladies héréditaires : par le Dr. Francis Devay, de Lyon. Deuxième édition. Paris, Labé, 1858.

History of Civilization in England. By Henry Thomas Buckle. Vol. 1. From the second London edition. To which is added an alphabetical index. New York: D. Appleton and Company.

Pestilential Diseases, and the laws which govern their propagation. A letter from Elisha Harris, M. D., late Physician-in-chief of the New York Quarantine Hospital, in reply to enquiries addressed by the Quarantine Commissioners. Transmitted to the Legislature by the Governor, March 10, 1858. Albany.

Transactions of the New Hampshire Medical Society, Sixty-eighth anniversary, held at Concord, June 1st and 2d, 1858.

The Dudley Observatory and the Scientific Council. Statement of the Trustees. Albany, 1858.

Physiology, Pathology, and Therapeutics of Muscular Exercise: a paper read before the Cook County Medical Society, and published at their request. By W. H. Byford, M. D., Chicago.

Report of the Medical Superintendent of the Provincial Lunatic Asylum, Toronto, for the year ending 1st March, 1858. Toronto.

The Thirty-fourth Annual Report of the Officers of the Retreat for the Insane at Hartford, Conn. April, 1858.

Sixth Annual Report of the Superintendent of Hamilton County Lunatic Asylum, to the Board of County Commissioners, for the year ending June 7, 1858. Cincinnati, Ohio.

Annual Report of the Resident Physician of Kings County Lunatic Asylum, for the year ending July 31, 1858.

Circular of Faculty of Oglethorpe Medical College, Savannah, Ga., with Catalogue of Students and Graduates. 1858-9.

Annual Announcement of Lectures in the Atlanta Medical College for the session of 1859, with a Catalogue of Matriculates. Atlanta, Ga.

Sixteenth Annual Catalogue and announcement of Lectures of Rush Medical College, for session of 1858-9. Chicago, Ill.

Annual Announcement of the Pennsylvania College of Dental Surgery. Session 1858-9. Philadelphia.

## MEDICAL EXCHANGES.

Annales Médico-Psychologiques. Paris. Not received since January, 1858.

Gazette Médicale de Paris. Paris. (Rec'd of Vol. XIII., Nos. 1 to 9, incl.)

Bulletin de L'Académie Impériale de Médecine. Paris. (Rec'd Nos. 10 to 22 inclusive, Vol. XXIII.)

Journal de Médecine et de Chirurgie Pratiques. Paris.

Révue de Thérapeutique Médico-Chirurgicale. Paris.



- The Asylum Journal of Mental Science. London.  
 Dublin Medical Press. Dublin. (Received irregularly.)  
 Dublin Quarterly Journal of Medical Science. Dublin.  
 British and Foreign Medico-Chirurgical Review. London.  
 London Lancet. American reprint.  
 New Hampshire Journal of Medicine. Manchester, N. H.  
 New York Journal of Medicine. New York.  
 American Medical Monthly. New York. (No. 2, Vol. x., not received.)  
 American Medical Gazette. New York. (Nos. 3, 5, 8, 9, Vol. xx., not rec'd.)  
 The Scalpel. New York.  
 Buffalo Medical Journal. Buffalo, N. Y.  
 North American Medico-Chirurgical Review. Philadelphia.  
 Medical and Surgical Reporter. "  
 American Journal of Medical Sciences. "  
 Rankins' Half-Yearly Abstract. "  
 American Journal of Pharmacy. "  
 Journal of the Franklin Institute. "  
 Journal of Prison Discipline and Philanthropy. "  
 The Medical News and Library. "  
 Virginia Medical Journal. Richmond, Va.  
 Charleston Medical Journal and Review. Charleston, S. C.  
 Southern Medical and Surgical Journal. Augusta, Ga.  
 Atlanta Medical and Surgical Journal. Atlanta, Ga. (No. 1. Vol. III., not received.)  
 New Orleans Medical and Surgical Journal. New Orleans.  
 Pacific Medical and Surgical Journal. (Not received since April 1858.)  
 St. Louis Medical and Surgical Journal. (No. 3, Vol. XVI., not received.)  
 Iowa Medical Journal. Keokuk, Iowa. (Nos. 1 and 5, Vol. IV. not rec'd.)  
 Memphis Medical Recorder. (Not received since March, 1858.)  
 Cincinnati Lancet and Observer. Cincinnati, Ohio.  
 Nashville Journal of Medicine and Surgery. Nashville, Tenn.  
 Chicago Medical Journal. Chicago, Ill. (No. 7, Vol. I, not received.)  
 Peninsular and Independent Medical Journal. Detroit, Mich.  
 Medical Chronicle. Montreal, Canada.  
 American Journal of Dental Science. Phil'a. (No. 1, Vol. VIII., not rec'd.)  
 Dental News Letter. Philadelphia. (No. 1. Vol. XI., not received.)  
 Oglethorpe Medical and Surgical Journal. Savannah, Ga.  
 Maine Medical and Surgical Reporter. Portland, Me. (No. 2, Vol. I. not received.)  
 Boston Medical and Surgical Journal. Boston, Mass. (Rec'd irregularly.)  
 American Veterinary Journal. Boston, Mass. (No. 8, Vol. III, not rec'd.)  
 Quarterly Summary of the Transactions of the College of Physicians of Philadelphia.  
 Southern Journal of Med. and Physical Sciences. Knoxville, Tenn.  
 Nashville Monthly Record of Medical and Physical Science. Nashville, Tenn.

# A M E R I C A N JOURNAL OF INSANITY.

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ESSAYS, CASES, AND SELECTIONS.

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## CASES ILLUSTRATING THE PATHOLOGY OF MENTAL DISEASE ARISING FROM SYPHILITIC INFECTION.—

By JOHN B. CHAPIN, M. D., late Assistant Physician to the N.  
Y. State Lunatic Asylum.

THE inoculation of syphilitic poison may result in the presence of a specific ulcer; or, passing from this simple primary state, it may assume a pathological condition, giving rise to constitutional disturbances, the outward manifestations of which are symptomatic of special lesions. These vary, in their nature and gravity, according to the locality of the attack.

The primary symptoms do not come within the sphere of our present observations, and they are alluded to more particularly for the purpose of recognizing the existence of secondary, or constitutional affections. Neither are we prepared to enter upon a discussion of affections which have received this denomination, any further than to state, that enough is established to concede that the presence in the system of any general disturbing cause is liable to be attended with more or less mental and physical derangement, and exhaustion. No organ of the body appears exempt from the influence of a pervading morbid element, but is affected by direct attack



upon its tissues, or the remote consequences ensuing upon defective nutrition. Neither is the brain an exception to this rule. Its peculiar matter depends for its nutrition upon the common source, and its envelopes and bony covering are analogous in organization to structures found in every part of the system. It is liable, therefore, to the results of any alteration in the character of its nutrition, and to disorders that attack corresponding structures in other parts of the body; and, though the affections of parts coming within either of these classifications give rise to mental manifestations that bear the most intimate resemblance, yet, in their pathology and origin, they are susceptible of division according to the basis that has been mentioned.

The syphilitic diathesis constitutes no exception to those constitutional affections that pervert the healthy action of the brain. This may result, first, from the long-continued action of the morbid cause; the debility resulting from pain, loss of sleep, the circumstances surrounding the case—all conspiring to produce that impaired state of the general health, more properly recognized from the pallor and broken-down appearance of the individual, as the cachexia of syphilis. In this state, the organs of assimilation are so enfeebled and their function so imperfectly discharged, that the nutrition of the brain, in common with that of other organs, suffers. The alteration witnessed in the individual is a gradual one,—observed from the change in the temper, affections, and morals, to the graver forms of mental disease. The cachexia of syphilis, like that from malarious exposure, goes to make up that summary of causes embraced under the general term “ill health,” in the reports of asylums for the insane. Any one who has walked through the wards of a metropolitan hospital must have been struck with instances of cases presenting in their physiognomy, the index of a constitution worn out under the symptoms of this diathesis. So, also, do the alms-houses of large cities furnish cases in which it is said the individual has “grown old prematurely,” but where the mental decay is, more correctly, to be ascribed to the same cause. We are not aware that symptoms of active mental disease are of more frequent occurrence in this cachectic condition, than accompanies the cachexia of other

diseases. The more common manifestations of this diseased state, from its insidious approach, and chronic nature, are analogous to those comprised within the history of senile dementia, and present a prospect of recovery quite as unpromising.

The mental perversion may arise in this diathesis, secondly, from a pathological state that is more clearly defined, the treatment of which is more intelligently pursued, and the results more satisfactory. The fibrous structure of the dura mater; the fibro-serous tissue of the arachnoid; the periosteum and the cranial bones are severally and collectively liable to syphilitic inflammation, presenting in itself, no different characteristics from those observed when fibrous structures in other parts are affected. Yet from their proximity, and the relation they hold to the nervous mass, no serious lesion of either can occur without influencing the latter.

Of the parts mentioned above, the affection of the dura mater is, we believe, primary, as well as more frequent in occurrence. In the chronic inflammation of this membrane, the usual results undoubtedly occur—the effusion of lymph and thickening. The peculiar vascular connection between the membranes and the nervous mass, existing in the intracranial circulation, leads, however, to the transition of the disease to the arachnoid, and from the arachnoid to the brain itself: as inflammation of the pleura extends to the lungs. The thickening of the dura mater often extends to the point of exit of the sensory nerves, and interferes with, and obstructs their function by mechanical pressure. In these instances, the cerebral attack commences suddenly, with delirium, and the usual symptoms of acute mania.

Again, the dura mater is subject to an acute inflammatory affection, as in the case of the periosteum of the bones. This is sometimes ascribed to metastasis, yet it may be the part first affected. When it commences suddenly, it is probably limited to a small extent of surface. As there can be no encroachment upon the brain-mass without injury of its substance, so the local thickening that may arise comes to hold the same relation to it as a foreign body pressing upon it; irritating by its presence, and exciting inflamma-



tion, or what is denominated inflammatory action, with softening, if it exist a sufficient time. The exudation, if of considerable thickness, may now become organized and form a tumor of a permanent nature; or, this tumor may become separated and form a floating tumor, examples of which are not unfrequently met with,—a pathological state furnishing some explanation of the convulsions that sometimes occur in these cases.

The following cases are presented, illustrating as we believe the several pathological conditions that have been enumerated.

CASE I.—O., a male; aged thirty-three; married; four children; occupation, a hotel-keeper; of fair intelligence; of irregular habits, though generally temperate; was admitted to the New York State Lunatic Asylum, Oct. 17th, 1855. Was accompanied by his wife, who furnished a history of his case, a summary of which is here given.

There was no known hereditary disposition to insanity. One year and a half prior to admission he was attacked with rheumatism, which obliged him to cease active business, the neglect of which for a period of one year, seriously involved his affairs. During the spring he still complained of wandering rheumatic pains, and began to be despondent about the welfare of his family. In June he became indifferent to himself, his dress, and his business; irregular in his habits of eating; walked about with his head down; and when questioned as to his conduct, talked about what he considered to be the impending ruin of his family. Four weeks prior to admission had a convulsion in the night; threw his head back; frothed at the mouth. The convulsions lasted five minutes, after which he slept several hours. About this time he informed one of his neighbors that he should commit suicide. Afterwards he had repeated periods of depression, lasting from one to several days, during which time he was entirely silent and indifferent except to the presence of his children, which made him uneasy. During the time between these paroxysms he walked about, or stood alone. Three weeks after the convulsion he attempted suicide by suspension; and soon after, endeav-

ored to throw himself from a window. His appearance on admission was pale and haggard, and his strength feeble. He had slept poorly.

Upon coming under observation he exhibited no change from the above condition. He sat alone for hours together, silent, and requiring the attention of an attendant to lead him to his meals. Sometimes he answered questions, and at other times was utterly indifferent to them. He assigned as a reason of his conduct that he was dead, and had been so for months; that he could not talk, eat, or walk; and if his body lived the soul and mind had long since left it. He exhibited such a state of physical prostration that the first indication was to sustain the general health, and secure good sleep. With this view he was administered citrate of iron, with the tincture of cinchona, cod-liver oil, and anodynes. For a period of nearly one year he continued without material change, either mental or physical. On the 9th of September, 1856, he had a convulsion, after which he lay for several hours in a state of coma, and for several days appeared sleepy and stupid. When he was again able to go about, he complained of dimness of vision. Said this had been frequently the case, but he had not spoken of it.

About this time a friend communicated some important points in the history of his case. It appeared that he had contracted syphilis several times in his life; that he had had periosteal inflammation, and tumors and eruptions over the body; and that the rheumatic pains were of undoubted syphilitic origin. The mental trouble was now ascribed to this source, and, with a view to this he was placed upon a mild mercurial course; of pills, composed of iodide of mercury, and opium. This was followed by iodide of potassium, in five grain doses, three times daily.

In January, 1857, patient had a series of convulsions, extending over a day and the night following. Soon after this he showed signs of improvement. He became cheerful, and hopeful, and soon wrote home to his wife, and received letters in reply. He assisted about the farm and elsewhere. The iodide of potassium was administered for a period of six months. In May, 1857, he received a



visit from his wife, who considered him in his usual health, and he returned home with her.

A letter received from this patient in November, following, stated that he had resumed his business, and was in excellent health.

CASE II.—H., male; fifty-three years of age; of intemperate and dissolute habits; was received into the New York State Lunatic Asylum on the 15th of May, 1856.

In the brief history furnished by the officer in charge of the patient, it appeared he was sent to the county alms-house, with what was supposed to be delirium tremens. He continued however, in a state of great excitement till he was brought to the Asylum, a period of four weeks. He had been without sleep, so far as the officer was aware; had been noisy, and very destructive. On his admission he was laboring under all the symptoms that characterize acute mania. He was administered anodynes without any favorable result. Was fed by hand, and frequently required restraint for his own protection, and the protection of the property and persons about him. He rapidly emaciated from loss of sleep, and bodily exertion. On the 1st of July, a swelling of the right tibia was observed, which soon developed a syphilitic character. It was now supposed that the mental disease might arise from the same constitutional source. The patient was placed under the use of iodide of potassium, in doses of three grains to five grains, four times a day. On the 13th of August, he had much improved mentally, and had become quiet. On the 8th of September, he was placed in the ward adapted to the convalescent patients. He there assisted in doing what he was able, and, on the 24th of September, left the Asylum in his usual health. He afterwards stated by letter that he continued well, and desired employment in the institution.

The two following cases, which we have transferred to these pages in full, are presented to us upon a cursory examination of the literature of this subject. All writers on syphilis make some allusion to certain cerebral affections. In the article on "*Cerebral Af-*

fections," in *Vidal on Venereal Disease*, p. 448, these interesting cases, which seem to make up, mostly, the article under this caption, appear.

"The first had been attended by a physician who became confined to his bed. The young man was attacked with symptoms of apoplexy. One of my colleagues, M. A. Robert, was called, and not knowing the previous history of the case, treated the patient for ordinary apoplexy. The most alarming symptoms having been removed, the intellectual faculties remained impaired, memory, especially, being at times lost. My colleague was not aware that this young man had had an indurated chancre, and syphilitic eruptions on the skin, and the patient, who had concealed his condition from his family and friends, was not forward in making him a confidant. Finally, a consultation was held, and as I had treated the young man for his syphilitic attack, I was called. The iodide of potassium was prescribed in large doses; one and a quarter drachms were given daily. The intellectual faculties were rapidly reëstablished, and the patient suffered nothing more from his attack.

"The second patient lived in the suburbs. He had hemiplegia, which was slowly developed. The antecedents in his case were chancre, cutaneous eruptions, syphilitic sarcocele: I had previously treated these affections. Being aware, therefore, of the previous history of the case, and considering, too, that the patient was quite young to be attacked with apoplexy, I thought it exceedingly probable that this was a syphilitic encephalic affection. I went so far even as to presume upon the seat of the paralysis: the fact that there existed an exostosis of the lower jaw, led me to diagnose a cranial exostosis. In this I was confirmed by the time required to cure the patient (one year), the same that was required to remove the exostosis of the lower jaw."

In Dr. Todd's *Clinical Lectures on Paralysis, &c.*, two cases of syphilitic disease of the encephalon are recorded. One continued well fifteen years after contracting the disease, when he applied for treatment of a flexure and rigidity of the muscles of the right arm, and numbness in the same region. The nature of the paralysis was



not, at first, recognized. After recovering from this condition under the use of iodide of potassium, and continuing well, several months, he sank into a "low mental and physical condition," in which state he had a convulsion; became feeble and tremulous; the paralysis of the arm returned, and there was tenderness of the head and fibula on pressure. He was entirely relieved by the use of iodide of potassium.

In the second case, a female, there had been chancre, sore throat, eruption, and nodes on the tibia. Two months before coming under observation she had a convulsion, affecting principally the left side. The convulsions frequently recurred. This case terminated fatally. The dura mater was thickened to several times its ordinary state, and was firmly adherent to the right parietal bone. Between the layers of the arachnoid there were two large masses of a yellow color, like pus, with depressions of the cerebral hemispheres.

The following case, from *Andral on the Encephalon*, still further illustrates the pathology of disease of the dura mater, and some of the conditions which have been described that may ensue upon inflammation of its structure. A military man, aged 61, entered *La Charité* in March, 1829. He had been a long time subject to rheumatic pains in different parts of the body, was seized, in 1817, with a headache, seated principally toward the anterior part of the left parietal bone. At first this was intermittent: this continued an entire year; then, from the middle of 1829, it disappeared altogether. This headache was almost insupportable. There was insensibility of right upper extremity greater than the left. Paralysis gradually increased so that he could not grasp anything. Death ensued in March.

*Post-mortem.*—On raising the vault of the cranium and making an incision, the dura mater was found to have contracted unusual adhesions to the subjacent parts. These adhesions were formed by cellular bands, which united two layers of the arachnoid together. These bands circumscribed a spherical body, of the size of a large nut, which sank deep into the cerebral substance, with which it had

not contracted adhesion in any other part. It was separated from it by a cellulo-vascular layer, which appeared to be the tissue of the arachnoid and pia mater compressed by it. This body was attached by a narrow pedicle to the inner surface of the dura mater; the fibres of the latter membrane being dispersed over the pedicle of the tumor, and so confounded with its tissue that it was impossible to distinguish them. This tissue was of considerable hardness, and of a white, tendinous appearance.

The dura mater sustains to a portion of the cranial bones the relation of periosteum. When those portions of it that hold this relation to the bone become involved, the results are unsatisfactory, and the case is exceedingly unfavorable for recovery. The inflammation of the dura mater here leads to the denudation of the bone, its death and exfoliation. In other cases of this nature, the inflammation passes to suppuration, and between the dura mater and the bone, a collection of purulent matter takes place. This sometimes makes its way to the *meatus auditorius internus*, and in this manner an external exit will afford a relief of urgent symptoms. These collections of pus are sometimes found in the cranium, and often improperly ascribed to old apoplectic clots, when, in reality, they are the unabsorbed results of high inflammatory action.

In a case that came under the writer's observation in the practice of the New York Hospital, this condition of things was observed. This patient had from repeated exposure to syphilis become saturated with the poison. He suffered from many of the sequelæ; had exostotic elevations over his head, &c. He had convulsions, and was admitted in a state of complete hemiplegia. He seemed to recognize things about him, but could not articulate beyond the expression of a single sound. The *post-mortem* examination disclosed a thickened condition of the dura mater, enclosing, as it appeared, between it and the bones, a quantity of dirty sero-purulent fluid.

DIAGNOSIS AND TREATMENT.—In presenting the cases which have been detailed, it will be perceived, in the absence of a complete history of a case, how few symptoms there are which may lead to



an intelligent appreciation of these, otherwise obscure, affections of the brain. What few indications are afforded seem only to furnish ground for a conjecture of the true pathology of the case. It is to be presumed, however, that with all the evidences and history of syphilitic cachexia present; with the existence of a local paralysis or numbness; or where convulsions have been observed, or symptoms of acute meningitis, we must by exclusion of all other conditions be compelled to fall upon the true state of the case. The cases, themselves, show this result, attained in this very manner. Where the diagnosis of the mental disease is arrived at, as resulting from one of the several pathological conditions mentioned, the results of treatment are as favorable, at least, as in any other form. The treatment which general experience shows to be especially applicable to the syphilitic state, was attended with the same advantages in these cases. The iodide of potassium was administered, and in one case the recovery from its use was rapid; in the other cases its use was persevered in over a period of several months, with the same excellent results.

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DECISION OF THE COURT OF APPEALS OF THE STATE  
OF NEW YORK, IN THE CASE OF JAMES ROGERS,  
CONVICTED OF MURDER. MAIN PLEA, INTOXICATION.

WE give below an authentic statement of the principal facts in the case of *James Rogers*, a youth lately condemned and executed, in the city of New York, for the crime of murder, committed while in a state of intoxication. A copy of the decision of the Court of Appeals, on certain important questions of law, follows the statement, and is worthy of particular attention, as a final adjudication by the highest tribunal of the State, especially on the main point of the defense; a point that by all conservative minds has been generally deemed to be well settled, but which in these days of confusion and looseness of ideas in respect of morals and crime, has come

to be bandied about as questionable. Perhaps it is hardly to be wondered at, that when habitual drunkenness is elevated, by some high authorities, to the scientific distinction of a *mania*,—to wit, *Dipsomania*,—mere casual intoxication should be deemed a sufficient defense for so venial a crime as murder. It is well, however, that Courts and Judges still exist, who are sufficiently imbued with the spirit of the past, and with a feeling of respect for its accumulations of experience, to withstand the fallacies in morals, and the evil tendencies in science, which are nowadays corrupting law and order pretty near the fountain-heads.

A strong sympathy was naturally felt for the criminal Rogers. His family connections did not appear to be vicious or disreputable. The newspapers generally designated him as the “boy-murderer;” a singular infelicity of phrase as to the mere fact of his offense, but of equally singular felicity for the purpose of exciting a feeling in his behalf. It conveyed an idea just contrary to the fact. He was a man-murderer, although he was a boy himself: and in all countries, except this, he would have been controlled and restrained as a boy. Here, there seems to be no interval between infancy and manhood. Boyhood is not recognized as an intermediate or any other kind of state. It is like the lost Pleiad of the original seven, and is dropped entirely out of the seven stages of human existence, so graphically described by Shakspeare, in whose days there seem to have been real boys. There are real boys still in some unprogressive countries; on the continent of Europe, and in England. They go to school in Eton yet; but here, all who go to school are infants, or young ladies and young men. No boys go.

According to the old classification, however, Rogers was, in truth, a mere boy. His associates were of the same stamp. But, as boys will sometimes, they “put an enemy in their mouths to steal away their brains;” and under the influence of the enemy, the boy Rogers, without provocation, stabbed the old man Swanston, with his pocket-knife. It resulted in death, and was a murder, for which he was properly convicted and executed.

The opinion of the Court is not only worthy of the bench, but



characteristic, for its directness, clearness, and legal learning, of the consummate lawyer, and wise judge who pronounced it. Its law can not be gainsayed ; and although we have the humanity to sympathize with the victim whom it consigned to death, we are disposed to think it, in a general aspect, a subject of congratulation, that the prevailing wildness of youth should be checked by an awful example, showing that neither boyhood, nor the freaks of intoxication, are to receive sympathy from legal tribunals, or to be indulged in violence and crimes under the favor of a loose and misguided construction of the acts committed under their impulses.

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THE PEOPLE, Plffs. in Error, *vs.* JAMES ROGERS, Deft. in Error.

THIS was a writ of error to the Supreme Court, sitting in the first district, brought by the District Attorney pursuant to the statute of 1852, chapter 82, to review a judgment of that Court in favor of James Rogers, the present defendant in error.

Rogers was indicted in the Court of General Sessions of the Peace of the city and county of New York, for the murder of John Swanson in that city on the 17th of October, 1857. The trial took place in that Court on the 12th of November following, before A. D. Russell, City Judge.

It appeared that Swanson, the deceased, and his wife, were returning from market about ten o'clock in the evening, when they were met by the prisoner and two other young men with whom they were unacquainted, at the corner of Twenty-first street and the Tenth Avenue. The prisoner rudely ran against the wife of the deceased, pushing her upon her husband. According to the testimony of the wife, the prisoner at the time asked the deceased what he was saying, and the latter answered, "What is that to you?" One of the prisoner's companions said to him : "They are not talking to you." At this time the three had passed the deceased and his wife. They then turned about and came back towards the deceased, who turned his head towards them ; and the prisoner, who had been taken hold of by the other two, broke from them, came up to the deceased, stabbed him in the breast, and then ran up the avenue. The wound

was about three inches deep, and penetrated the artery of the heart, and the deceased died immediately. The weapon was not found. The surgeon testified that the wound appeared to have been made by a sharp instrument, which he judged was a large dirk-knife. The other evidence upon that point tended to show that shortly before, and on the same evening the prisoner had in his pocket a jack-knife. The prosecution proved by the prisoner's confession, that it was a common pocket-knife, and that he had thrown it away, when he heard that the man he had struck was dead ; and his mother and sister swore that he carried a small pocket-knife, with two blades, and they did not know of his having any other knife. The companions of the prisoner, and another person, all called by the prosecution, gave testimony as to the circumstances of the homicide ; one, a man who lived near the spot, saw the affair from his window. He saw the motion of the prisoner as though striking the deceased, who went a few steps, and then fell. He saw no other striking. The two young men who were with the prisoner, agreed in testifying that the affair commenced by the prisoner's running, or as one of them said, staggering, against the wife of the deceased ; and they united in saying that the deceased then struck at the prisoner without hitting him : one of them said that they, the two witnesses, then took the prisoner away, but he broke from them, came up to the deceased, and struck the fatal blow :—the other represented that there were numerous and successive blows between the deceased and the prisoner, after they had let the prisoner go, and that the latter said he wanted to fight. They both swore that the prisoner had drunk beer with them twice during the evening, that he was intoxicated, and that they were trying to get him home. The prisoner went to the house of his mother, which was his home, immediately after the homicide ; and she and his sister testified that he was then so much intoxicated that he could not walk, but fell upon the floor, and that they had to undress him and put him to bed. This testimony as to intoxication was given without any objection on the part of the prosecution, and a portion of it on his examination.

Two exceptions were taken to the rulings of the Judge upon the



reception of the testimony. The first arose as follows : The prosecution proved by a boy of the name of Scott, that a few minutes before the homicide, the prisoner and his two companions passed by where the witness was standing in the door of a house, eating an apple. The prisoner asked him for the apple, and then tried to get something out of his pocket, and the witness saw that he had a jack-knife. There was an objection to this evidence, by the prisoner's counsel, as immaterial, but the objection was overruled, and the counsel excepted. The confession of the prisoner, which has been mentioned respecting the knife, was proved by a New York policeman, who had him in custody, and who brought him from New Brunswick, in New Jersey, where he received him from a constable at the jail, to New York without process. The admission in substance was, that he, the prisoner, being drunk, killed the deceased with a common pocket-knife. The objection to this testimony conceded in terms, that no inducement had been held out to the prisoner ; but it assumed that no admission made by an accused person when under arrest, could be used against him. The prisoner's counsel excepted to the decision overruling this objection. The bill of exceptions states that there was other testimony on the part of the defendant not set forth in it.

In the charge to the jury, the Judge stated the definition of murder, and of the first and third degrees of manslaughter, as contained in the Revised Statutes, with some remarks upon the law of the case. He stated that if the prisoner had time to think, and did intend to kill, it was murder, though he conceived the intent but on the instant before the blow was struck : but if they were satisfied that the mortal blow was struck in the heat of passion, without a design to effect death, the offense would be manslaughter in the third degree. There is a general exception to his charge. The remainder of the bill of exceptions upon which the most material of the questions in the case arise, is as follows : " The counsel for the prisoner requested the Court to charge that if it appeared by the evidence that the condition of the prisoner from intoxication was such as to show that there was no intention or motive by reason of drunkenness to

commit the crime of murder, that the Jury should find a verdict of manslaughter : but the Court refused to instruct the jury in the words of the proposition ; but charged that under the old law intoxication was an aggravation of crime ; but that intoxication never excused crime, unless it was of the degree to deprive the offender of his reasoning faculties ;” to which refusal to charge, the prisoner’s counsel excepted.

The jury returned a verdict of guilty of murder, and the Court sentenced the prisoner to be executed.

A writ of error was allowed, with a stay of execution. The record, with the bill of exceptions, was returned to the Supreme Court, where after argument, the judgment of the Sessions was reversed, and a new trial awarded ; upon which the present writ of error was brought on behalf of the people.

DENIO, J.:

I do not perceive that there was any valid objection to the testimony of the witness Scott. The surgeon had testified that the injury of which the deceased died was an incised wound. The object of the prosecution was to show that it was inflicted by the defendant, and to that end it was proved that he struck the deceased immediately before he fell dead ; but the witnesses who testified to this, did not see any weapon. If it could be shown that the prisoner had a knife, or other similar weapon about his person at the time, such proof would considerably advance the case of the prosecution ; and it was this fact which Scott swore to. He saw the handle of a knife in the prisoner’s possession, as the latter attempted to draw it from his pocket, while on his way to the place where the homicide was committed, and only a few minutes before that time.

The objection to the testimony of the policeman, assumes that no admission by a person accused of crime made to an officer who has him in custody can be received. It was not pretended that any threats, promises, or other inducements to make a confession, had been held out to the prisoner ; but the objection was based distinctly upon the ground first mentioned. I have looked carefully into all



the cases referred to by the defendant's counsel in support of that position, and many others; and do not find that it has ever been held that the single fact of the prisoner being in custody was sufficient to exclude his declarations, whether made to the officer or to third persons. On the contrary many of the cases upon the competency of confessions show that the prisoner was in custody at the time; and the question generally has been whether the confession was voluntary or was influenced by what was said to him by the officer or by others. In *Ward vs. The People*, (3 Hill, 375) the prisoner made an admission while in the custody of a constable, and the question having arisen whether it ought not to be excluded in consequence of promises of impunity held out by the prosecutor before the arrest, the court held it admissible, and it was received. *The Commonwealth vs. Winslow*, (1 Barr, 274) was likewise the case of a confession made by a prisoner while in the custody of a constable, and the point made by the defendant was, that a caution should have been given such as is required from examining magistrates; but the court held that it was unnecessary and decided that the evidence was competent. *Rex vs. Jane Richards*, (5 Carr. & P. 318) was also a case of an admission made to the constable while holding the prisoner in custody, which was held to be competent, no inducement having been held out at the time.

It is very plain that this exception cannot be sustained.

The principal exception to the Judge's charge, which is here relied on, relates to the consideration which should be given to the proof that the prisoner was intoxicated at the time of the homicide. The commission of crime is so often the attendant upon and the consequence of drunkenness, that we should naturally expect the law concerning it to be well defined. Accordingly, we find it laid down as early as the reign of EDWARD VI., (1548,) that "if a person that is drunk kills another, this shall be felony, and he shall be hanged for it; and yet he did it through ignorance, for when he was drunk he had no understanding nor memory; but inasmuch as that ignorance was occasioned by his own act and folly, and he might have avoided it, he shall not be privileged thereby." (*Plowden*, 19.) The same

doctrine is laid down by COKE in the Institutes, where he calls a drunkard *voluntarius dæmon*, and declares that “whatever hurt or ill he doeth, his drunkenness doth aggravate.” (*Thomas’ Coke*, vol. 3. p. 46.) So in his reports it is stated that “although he who is drunk is for the time *non compos mentis*, yet his drunkenness does not extenuate his act or offense, or turn to his avail ; but it is a great offense in itself, and therefore aggravates his offense, and doth not detract from the act which he did during that time, and that as well in cases touching his life, his lands, his goods, or any other thing that concerns him.” (*Beverly’s Case*, 4 Co. 125, a.) LORD BACON, in his “Maxims of the Law,” dedicated to Queen Elizabeth, asserts the doctrine thus : “If a madman commit a felony he shall not lose his life for it, because his infirmity came by the act of God ; but if a drunken man commit a felony he shall not be excused, because the imperfection came by his own default.” (*Rule V.*) And that great and humane judge, Sir MATTHEW HALE, in his history of the pleas of the Crown, written nearly two hundred years ago, does not countenance any relaxation of the rule. “The third kind of *dementia*,” he says, “is that which is *dementia affectata*, namely drunkenness ; this vice doth deprive men of the use of reason, and puts many men into a perfect, but temporary frenzy ; and therefore, according to some civilians, such a person committing homicide shall not be punished simply for his crime of homicide, but shall suffer for his drunkenness answerable to the nature of the crime occasioned thereby, so that yet the formal cause of his punishment is rather the drunkenness than the crime committed in it ; *but by the laws of England* such a person shall have no privilege by this voluntarily contracted madness, but shall have the same judgment as if he were in his right senses.” He states two exceptions to the rule : one where the intoxication is without fault on his part, as where it is caused by drugs administered by an unskillful physician ; and the other where indulgence in habits of intemperance has produced permanent mental disease which he calls “*fixed phrenzy*.” (1 *Hale*, 32.) Coming down to more modern times we find the principle insisted upon by Sir WM. BLACKSTONE. “The law of England,” he says, “considering



how easy it is to counterfeit this excuse, and how weak an excuse it is, (tho' real,) will not suffer any man thus to privilege one crime by another." (4 *Com.* 26.) A few recent cases in the English courts will show the constancy with which the rule has been followed down to our times. In *Barrow's case*, (*Lewin's Crown Cases*, 75, A. D. 1823) the prisoner was indicted for a rape, and urged that he was in liquor. HOLROYD, J., addressed the jury as follows: "It is a maxim in law that if a man gets himself intoxicated he is answerable to the consequences, and is not excusable on account of any crime being committed when infuriated by liquor, provided he was previously in a fit state of reason to know right from wrong. If indeed the infuriated state at which he arrives should continue and become a lasting malady, then he is not answerable." A similar charge was given to the jury in the next case in the same book where drunkenness was urged upon the trial of an indictment for burglary. *Patrick Carroll* was tried, in 1835, at the Central Criminal Court, before a judge of the King's Bench, and a judge of the Common Pleas, for the murder of *Elizabeth Browning*. It appeared that shortly before the homicide the prisoner was very drunk. His counsel, though he admitted that drunkenness could not excuse from the commission of crime, yet submitted that in a charge for murder, the material question being whether the act was premeditated, or done only with sudden heat and impulse, the fact of the party being intoxicated was a proper circumstance to be taken into consideration; and he referred to a case before HOLROYD, J., reported in 2 *Russel on Crimes*, 8, (*Rex vs. Grindley*), where that doctrine was laid down. *Parke, J.*, in summing up, said: "Highly as I respect that late excellent judge, I differ from him; and my brother Littledale (the associate) agrees with me. He once acted on that case, but afterwards retracted his opinion, and there is no doubt that that case is not law. I think that there would be no safety for human life if it was considered as law." The prisoner was convicted and executed. (7 *Carr. & P.* 145.) It would be easy to multiply citations of modern cases upon this doctrine; but it is unnecessary, as they all agree upon the main proposition, namely, that mental aberration produced by drinking

intoxicating liquors, furnishes no immunity for crime. *Rex v. Meakin*, (7 Carr. & P. 297,) and (*Rex vs. Thomas*, *id.* 817,) may be mentioned ; and in this country, *The United States vs. Drew*, (5 Mason, C. C. R. 28,) and *the same vs. McGhie*, (1 Curtis C. C. R. 1,) will be found to maintain the same doctrine upon the authority of Judges Story and Curtis of the Supreme Court of the United States. These last two cases are interesting, not only for stating the general principle, but for confirming the distinction, laid down so long ago by Sir MATTHEW HALE, that where mental disease, or as he terms it, *fixed frenzy*, is shown to be the result of drunkenness, it is entitled to the same consideration as insanity arising from any other cause. The first of them was a case of *delirium tremens*, and Judge Story directed an acquittal on that account. In the other, the evidence left it doubtful whether the furious madness exhibited by the prisoner was the result of present intoxication, or of delirium supervening upon long habits of indulgence. This state of the evidence led Judge Curtis to lay down the rule and the exception with great force and clearness. In this State, the cases of *The People vs. Hammill*, and *The People vs. Robinson*, reported in the second volume of Judge Parker's reports, (*pp.* 223, 235,) show the constancy with which the doctrine has been adhered to in our criminal courts and in the Supreme Court. The opinion in the last case contains a reference to several authorities to the same effect in the other States of the Union.

Where a principle of law is found to be well established by a series of authentic precedents, and especially where, as in this case, there is no conflict of authority, it is unnecessary for the judges to vindicate its wisdom or policy. It will moreover occur to every mind that the principle mentioned is absolutely essential to the protection of life and property. In the forum of conscience there is no doubt considerable difference between murder deliberately planned and executed by a person of unclouded intellect, and the reckless taking of life by one infuriated by intoxication : but human laws are based upon considerations of policy, and look rather to the maintenance of personal security and social order, than to accurate discrimination as



to the moral qualities of individual conduct. But there is in truth no injustice in holding a person responsible for his acts committed in a state of voluntary intoxication. It is a duty which every one owes to his fellow men, to say nothing of more solemn obligations, to preserve so far as it is in his own power the inestimable gift of reason. If it be perverted or destroyed by fixed disease, though brought on by his own vices, the law holds him not accountable. But if by a voluntary act he temporarily casts off the restraints of reason and conscience, no wrong is done him if he is considered answerable for any injury which in that state he may do to others, or to society.

Before proceeding to examine the Judge's charge, it is necessary to state one other principle connected with the subject of intoxication. I am of opinion that in cases of homicide, the fact that the accused was under the influence of intoxication may be given in evidence in his behalf. The effect which the evidence ought to have upon the verdict will depend upon the other circumstances of the case. Thus, in *Rex vs. Carroll*, which was a case of murder by stabbing, there was not, as the court considered, any provocation on the part of the deceased, and it was held that the circumstance that the prisoner was intoxicated, was not at all material to be considered. *Rex vs. Meakin* was an indictment for stabbing with a fork with intent to murder; and it was shown that the prisoner was the worse for liquor. Alderson, Baron, instructed the jury that, with regard to the intention, drunkenness might be adverted to according to the nature of the instrument used. "If," he said, "he uses a stick, you could not infer a malicious intent so strongly against him if drunk, if he made an intemperate use of it, as you would if he had used a different kind of weapon; but where a dangerous instrument is used, which, if used, must produce a grievous bodily harm, drunkenness can have no effect upon the consideration of the malicious intent of the party." In *Rex vs. Thomas*, for malicious stabbing, the person stabbed had struck the prisoner twice with his fist, when the latter, being drunk, stabbed him, and the jury were charged that drunkenness might be taken into consideration in cases, where what the law deems sufficient provocation has been given, because the question in

such cases is, whether the fatal act is to be attributed to the passion of anger excited by the previous provocation ; and that passion, it was said, is more easily excitable in a person when in a state of intoxication than when he is sober ; so, it was added, where the question is, whether words have been uttered with a deliberate purpose, or are merely low and idle expressions, the drunkenness of the person uttering them is proper to be considered. But if there is really a previous determination to resent a slight affront in a barbarous manner, the state of drunkenness in which the prisoner was ought not to be regarded, for it would furnish no excuse.

It most generally happens in homicides committed by drunken men, that the condition of the prisoner would explain or give character to some of his language, or some part of his conduct, and therefore I am of opinion that it would never be correct to exclude the proof altogether. That it would sometimes be right to advise the jury that it ought to have no influence upon the case, is, I think, clear from the foregoing authorities. In a case of lengthened premeditation, of lying in wait, or where the death was by poisoning, or in the case of wanton killing without any provocation, such an instruction would plainly be proper.

Assuming the foregoing positions to be established, I proceed to examine the exception to the charge of the Judge. It is difficult to know precisely what was meant by the request to charge ; but I think its sense may be expressed thus : that drunkenness might exist to such a degree, that neither an intention to commit murder, nor a motive for such an act, could be imputed to the prisoner. It was therefore asked that it should be left to the jury to determine whether such a degree of intoxication had been shown ; and that they should be instructed that if it had, the prisoner should be found guilty of manslaughter only. We must lay out of view as inapplicable, the case of a person who had become insensible from intoxication, and who was performing an act unaccompanied by volition. There was nothing in the evidence to show that the prisoner's conduct was not entirely under the control of his will, or which would render it possible for the jury to find that he did not intend to stab the



deceased with his knife. The mind and will were no doubt more or less perverted by intoxication, but there was no evidence tending to show that they were annihilated or suspended. Assuming therefore that the request did not refer to such a hypothesis, the only other possible meaning is that it supposes the jury legally might find that the prisoner was so much intoxicated that he could not be guilty of murder for the want of the requisite intention and motive, and the request was that they might be so instructed. This would be precisely the same thing as advising them that they might acquit of murder on account of the prisoner's intoxication, if they thought it sufficient in degree. It has been shown that this would be opposed to a well-established principle of law. The Judge was not at liberty so to charge, and the exception to his refusal cannot be sustained. What he did charge on the subject of intoxication, was more favorable to the prisoner than he had a right to claim. It implies that if he was so far intoxicated as to be deprived of his reasoning faculties, it was an excuse for the crime of murder, or, as perhaps it was intended to state, that he could not be guilty of murder. The rule which I have endeavored to explain assumes that one may be convicted of murder, or of other crime, though his mind be reduced by drunkenness to a condition which would have called for an acquittal if the obliquity of mind had arisen from any other cause. The Judge ought to have charged, that if a man makes himself voluntarily drunk, that is no excuse for any crime he may commit while he is so, and that he must take the consequence of his own voluntary act. (*Rex vs. Thomas, supra.*) The charge, therefore, gave the prisoner the chance of an acquittal to which he was not entitled : but this was not an error of which he could take advantage.

The judgment of the Court of Sessions was reversed by the Supreme Court on the ground, as it appears from the opinion, that the judge altogether withdrew the attention of the jury from the consideration of the fact that the prisoner was intoxicated. I do not so understand the charge. All the evidence which was offered to show the prisoner's condition in that respect was received without objection.

The judge refused to charge that it would entitle him to be acquitted of murder whatever the jury might think of its degree. Upon the question whether it could be taken into consideration to explain or characterize his acts, nothing appears to have been said, either by the counsel or the judge. It does not appear whether the whole charge is given, or only such points as were excepted to. As I do not find any error in the portions which are set forth, I am of opinion that the judgment of the Sessions ought not to have been reversed on the ground that it was not sufficiently full in other respects.

Under the act of 1855, Courts of Error are to order a new trial when they are satisfied that a conviction for murder is against evidence, or against law, or that justice requires a new trial. (*p.* 613, §3.) In the exercise of this jurisdiction, I have examined this case with the attention which its importance to the prisoner and to the public requires. It satisfactorily appeared that the prisoner, without any provocation on the part of the deceased, who was a stranger to him, came upon him, and stabbed him to the heart with a knife. The jury have found, and upon sufficient evidence as I think, that the prisoner intended to kill the deceased. The case is within the principle of *The People vs. Clarke*, and *The People vs. Sullivan*, (3 *Seld.* 385, 396.) Independently of the question of intoxication already disposed of, the evidence disclosed a clear case of murder. The judgment of the Supreme Court ought to be reversed, and the proceedings remitted to that Court with directions to pronounce sentence anew against the prisoner.

Judgment was rendered accordingly.



MENTAL HYGIENE. BY GEORGE COOK, M. D., BRIGHAM  
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To thoughtful and reflecting minds, who note the gradually increasing predominance of the nervous system among the American people, and the consequent predisposition to the various forms of nervous and mental disease which are becoming so prevalent among all classes of our population, the subject of mental hygiene should possess a deep and absorbing interest.

The question, "Whither are we tending?"—now so frequently upon the lips of those whose attention is directed to this subject—finds a ready solution as regards no insignificant fraction of our people, in the prevailing *isms*, errors, and superstitions, in the manifold forms of nervous disease, and in the crowded wards of our numerous hospitals for the insane; which, like the lighthouses upon a dangerous coast, mark the existence of rocks and quicksands underneath the surface of our excited social life, and point to the mental wrecks that come rushing in, year by year, with increasing frequency.

That the standard of physical development among our countrymen and women at the present day is becoming gradually lowered, or, in other words, that the normal power of blood and muscle is on the wane, while the nervous element, stimulated to an unnatural growth, is rapidly gaining the ascendancy in many, is a fact quite beyond all reasonable doubt. That this change is the result of some wide-spread departure from the laws which govern the relations of mind and matter would seem to be most probable, though by some it has been attributed entirely to the influence of climate. But if we thoughtfully consider the influences which surround and enter into the development of the mental and moral nature of our people, the diet, so to speak, from which alone they can draw the elements of character, are there not causes for this change, numerous and powerful, which meet us upon the very threshold of life, attend our

infant years, go with us to the school-room, and too often accompany us through years of toil and struggle?

The object of this article is to give a brief expression to some thoughts and reflections upon a subject, which as yet has not received the attention it deserves. While books abound giving minute directions as to what we may eat and drink, and wherewithal we should be clothed, we look in vain for any correct guide to the development and preservation of mental health. Hence a few words, imperfect, and hastily written amidst other pressing duties, may not be altogether unwelcome.

The mind, its nature and faculties, and its relations to the material organization, have ever afforded a theme for the speculative philosopher and the metaphysician. Theories of mental philosophy have been most carefully constructed by the student secluded in his quiet study, or bending over his midnight lamp, and the numberless operations of the human mind, in all its intricate relations to things within, and to the world of mind and matter without, are made to conform to one arbitrary standard. No allowances are made for differences in physical organization, and he who ventures to assert that the mind, in all its relations and powers, is influenced and modified by the original formation and subsequent development of the material organ with which it is associated in this life, is at once stigmatized as a materialistic philosopher. Is there not a palpable absurdity in thus ignoring the physical organization, when contemplating the mind and its operations in this present life? What would be thought of a mechanist, who, when called to examine some delicate piece of machinery, should disconnect the spring which supplies the motive power from its connections, carefully test its strength, its elasticity and general fitness for its place, and finding it in good condition should replace it and say that the machinery ought to perform well for he can discover no imperfection. Do not some of our mental philosophers institute a similar course of procedure in their investigations? And of what practical value are their speculations, when applied to mind in its physical relations, modified as it certainly is by unnumbered influ-



ences, which no man, however learned and experienced, can possibly foresee ?

We hold that any system of mental philosophy that is not based upon *all* the relations of mind is likely to be fruitful of error. We believe that the mind is a unit, that it has capacities and powers far beyond our present conception, that it is through the brain and nervous system that it manifests itself and is developed : we do not believe that it is made up of isolated faculties, one or more of which may be impaired or destroyed, leaving the remainder, or that it is not influenced and modified by its material associations.

Physical, mental and moral peculiarities are transmitted from parents to their children, and are a prolific source of disease and suffering. Truly are the sins of the fathers visited upon the children, even unto the third and fourth generation. It is by no means rare to meet with families in which one of the parents has inherited, or developed from some other cause, a brain and nervous system morbidly sensitive and excitable. In such a family insanity, in some of its forms, is generally developed in one or more of the children. An instance is known to the writer, where the father possessed these peculiarities of organization, and five of his children have suffered attacks of mental derangement. Numerous other cases of a similar character might be mentioned, were it necessary, to show that this undue development of the nervous system is attended with great danger.

Again, how striking are the dissimilarities in the mental traits of young children of the same parentage, and surrounded by the same influences. Whence the difference, if physical organization is powerless ? And let disease seize upon one of these children and leave its impress upon the body, and arrest or impair the development of mind. Is there no material force at work in such a case influencing and modifying the condition of the immaterial ? Or, surround a young and impressible child with stimulants to his nervous system ; take from him his faith and trust ; leave him to grope his way in the midst of the evil influences that so frequently surround his earliest years, without guidance or restraint. Does not such a course often

terminate in moral and intellectual ruin? In accordance with these views we shall briefly state some of the rules which should govern the early training and education of the young, and notice the wide departures therefrom, which pervade nearly all classes of society, and as we firmly believe lay the foundation for after years of mental suffering and disease.

It is only by a careful observance of the early peculiarities of disposition and mind in their relations to the physical constitution, that parents can prepare themselves for the enlightened training of their children, and are enabled so to bend the twig as to ensure a sound and upright growth.

The young learn more from example than precept, therefore it is essential that their early years should be passed within the sacred precincts of a home, surrounded by the healthy influences of parental affection, which by its own faith and trust in a Heavenly Father shall fix in the innermost heart of the child, that confiding reliance upon a higher power, and that instinctive love of truth and goodness which serve as a shield against the assaults of trial and temptation.

Children should be early impressed by the routine of daily life that there is a place for them in the home-circle, ever vacant in their absence, and which they are expected to fill; thus will be developed a love of home, the chief corner-stone of health and safety to the young. The lives of parents should inculcate the all-important lessons of patience and self-denial, without which a healthy balance of the mental and moral powers is rarely developed.

Any tendency to undue nervous development should attract the attention, and instead of being cherished by parental pride as a mark of precocity and promise, should give rise to a watchful anxiety; and especial care should be taken to retard the early growth of this dangerous element.

Children require much exercise in the open air—the sunlight being as essential to their healthy development as it is to the healthy growth of plants. Hence the deleterious effects of confinement for many hours every day in close rooms at home, or in the impure atmosphere



of school-rooms, by which the growth of bone and muscle is retarded, and the nervous system unduly stimulated.

In searching for the causes of mental disease in the numerous patients now pressing into the asylums of our country, the physician is often struck with the apparent insufficiency of the one assigned. A slight disappointment, reverse in business, religious excitement, or some other equally trivial cause, which a healthy brain and nervous system should be able to encounter without danger, is frequently the only immediate cause discoverable on the closest examination. But a minute history of the whole life of such individuals, will almost invariably reveal remote causes, sometimes hereditary—more frequently, perhaps, the offspring of defective training and education. In no small number of those who have passed under our observation have we been able to trace the mental disease back to the disregard of some of the rules given above, and the consequent errors which have usurped their place in so many minds. We now proceed to speak of these evil influences in no caviling spirit, but with an earnest desire to contribute, in some degree, to the correction of what is fast becoming a gigantic and far-reaching evil. The fountain, corrupted or embittered at its source, fed by impure springs and flowing on amidst increasing impurities, will only widen and deepen its channel as it passes on with ever-increasing power. So with the evil in question, unless arrested at its source, all efforts to hold in check the flood of moral turpitude and mental disease which is sweeping over our country, will meet with but partial success.

Albert Smith was one day boasting, in the presence of Douglas Jerrold, that he and Lamartine always rowed in the same boat. "Oh yes," replied the wit, "but with very different sort of *sculls*!" The point of Jerrold's wit loses none of its sharpness when turned against many parents of the present day. It would be well for them to remember that, though in the providence of the Creator, they are rowing in the same boat with their children, they may not all have the same sort of *sculls*. It is a sad truth that too many parents give no thought whatever to this matter; they cannot see why there should be such differences in the character and disposi-

tion of their children, when they subject them all alike to the same system, or rather no-system of government. The high-spirited, impulsive and excitable child, is governed in the same manner as the meek and retiring one ; or more frequently he is left to his own self-will and inclinations.

Very many American fathers are strangers to their children ; they know nothing of their childish hopes and aspirations ; they give them no sympathy, and receive in their turn distrust instead of confidence. How large is the proportion of the educated classes, of the active professional and business men, who never give even an infinitesimal fraction of their valuable time to the healthy mental and moral development of their children ? A hasty “good morning,” a few moments at meals, and a weary “good night,” are as much as they can spare from the absorbing pursuit of money-getting, social distinction, and political or professional popularity. The words of a little one, of whom it is said that when requested to ask his father for some trifling favor, replied, “I don’t want to ; I don’t know father,” are a sad and touching comment on the domestic relations of many American fathers. They are far better known on Change, in their counting-rooms and offices, in the street or club-room, than in their own houses ;—we will not say homes, for they are destitute of the essential elements of home.

Of the mothers in this station of life, we would speak in all charitableness. Some of them, with true womanly spirit and fortitude, take upon themselves the burden so thoughtlessly cast aside by the fathers, and with that large faith, and hope, and the self-sacrificing love which is only found in the maternal heart, throw around their children the saving and forming influences so essential in early life ; others struggle for a time with the difficulties that surround them, and then yield to the current ; while many, we fear, give as little thought as the fathers to the infinite responsibilities resting upon them.

In no sense do such parents considerably shape or guide the destiny of their children. They grow up under the evil influences that abound in our cities and villages, with shattered morals, ill-regulated



desires, and unbalanced physical and intellectual development ; an easy prey to the vices, excitements, disappointments, or anxieties, of life. Attention on the part of parents, and a proper discrimination in the training and education of children, would save many from moral and criminal degradation, and from intellectual as well as moral ruin. Many times have we heard the exclamation from lips writhing in mental anguish, "Oh that my parents had taught me the right way, then I should not have been suffering this agony !" We would enforce upon intelligent parents whose eyes may glance over these lines, and who may have thought heretofore that their children have no need of their care and supervision, of their parental sympathy and watchful anxiety, that life has no other more important duties and purposes. Let them think of the helpless ones committed to their keeping, whom they can almost shape at will for an endless future, and bear in mind the eternal truth, that the earliest impressions made upon children have a powerful influence over their mental and moral development, and go with them, bearing good or evil fruit, to the latest hours of their existence.

We proceed secondly to speak of the theory and practice of our boasted republican civilization, whereby the healthy rule in regard to the influence of parental and other example, upon the formation and development of mental and moral character, though recognized theoretically, is, in numberless instances, nullified in all its practical operations. In this connection we would call especial attention to the importance of faith as an element of mental and moral health and power ; faith in the good and true in man ; faith in the goodness, truth, justice and daily guidance of a Heavenly parent, to whom we owe reverence and obedience. The great minds that have arisen in the world's history ; that have influenced and controlled the destinies of untold millions of their fellow men ; given form to their social, political, and religious institutions ; contributed in the highest degree to the development of the arts and sciences, and to the progressive welfare of the human race, have derived no inconsiderable portion of their power and influence over other minds, from the faith which infused their own. If such a faith be an important

element in strong and healthy character, it follows that a social life, which scatters widely the seeds of distrust and doubt, which develops precocious ideas of independence and freedom, instead of dependence and obedience, and allows the youthful mind to become familiar with evil in some of its most alluring forms before it is prepared to judge intelligently, can not exert other than a vicious, unhealthy influence upon the physical, moral, and intellectual well-being of the present and future generations. That very many of our youth are exposed to such malign influences, at a period of their lives when they should be most carefully shielded from them by parental example and care, is but too plainly exemplified in the prominent traits of character peculiar to "young America," and in the steadily increasing stream of youthful depravity, crime, and disease. Later in life we may trace the evil through our whole social fabric, everywhere a prolific source of unhappiness, suffering, wrong-doing, and disease, both physical and mental.

There are some, but they compose a small and scattered minority in many communities, who correctly appreciate the importance of a stable foundation, on which to rear the superstructure of physical, moral, and intellectual manhood. They are worthy of all honor for their steadfastness of purpose and adherence to the right, in the midst of the general laxity which so universally prevails.

In order to give a distinct expression of our views upon this branch of the subject, we shall venture to make the following classification of parents in regard to it :—the thoughtless, the hypocritical, the worldly, the skeptical, the ignorant, and the vicious. Under the first of these heads we will indicate the nature and extent of parental influence, and negligence, direct and indirect, and then briefly point out the manner in which they severally contribute to swell the tide of incipient depravity and error, and ultimately add largely to the number of those, who, like

“ \* \* \* poor Ophelia

Divided from herself, and her fair judgment :

Without the which we are pictures ; or mere beasts ;”

become the victims of a disease, resulting often from remote causes,



for which those who gave them birth, and who are bound by the strongest ties of nature and duty to shield them during their years of helplessness and inexperience, must be held to a grave responsibility.

The thoughtlessness of many parents, who really desire to develop good physical and mental constitutions in their children, not unfrequently leads to the most disastrous results. While the good precepts and good teachers which they lavish with commendable zeal, are sleeping, their own example, and the corrupting associations which they allow, like the Devil in the parable, scatter tares among the wheat, and speedily the young field is dotted here and there with the plague-spots of evil, or disease. To this class belong all those whose daily life belie their professions. The parental example of practical unfaithfulness will be copied by their children, though they be walled in mountain high by the most orthodox precepts, and the most stringent rules. Those parents who heedlessly trifle with the simple faith of childhood, or consider it as something quite beneath their attention, will have frequent occasion, in after years, to mourn over the wreck of their most fondly cherished hopes and aspirations. They cannot, if they would, devolve the parental duties and influences upon governesses and teachers. Think of this, ye parents, who by your neglect are instilling into youthful minds, distrust and doubt; who, while professing to be guided by faith in truth and goodness, resort to deception and falsehood, too thinly veiled to deceive the quick perceptions of childhood, or in your daily life are practically disregarding the teachings of that faith which leads to high and noble aims! You are laying the foundation for a frail superstructure, ill prepared to withstand the storms of our rushing American life.

Indirectly, this form of parental influence works incalculable mischief by the evil associations to which it leads. The child who has no faith in parental truth and goodness, is more likely to fall into evil company; and you will often find him distinguished among his fellows, by his loudly expressed contempt for the "governor," to whom he considers himself under no special obligations of obedience. He has no foundation upon which to build up a useful life, and is early

engulfed in dissipation or vice ; or, he gropes his way onward, proud of his blindness and skepticism, till he stumbles upon some superstition or *ism* to which he at once yields a ready homage ; and sometimes overstepping the bounds of reason, he plunges into the abyss of madness. Of many cases of insanity, following upon a belief in modern *isms*, which it has been our fortune to witness, nearly all of the sufferers were destitute of faith, as a fundamental, controlling element of character. Associated with this deficiency, and developed by the same causes, we frequently find a restless craving for the marvelous, and a large credulity, which receives any new revelation in the world of unbelief, superstition, or humbug with avidity, if it be only sufficiently startling, or absurd. We repeat, that the thoughtless unfaithfulness of many parents in their daily life, directly unsettles and perverts this important element of strength, safety and health ; and indirectly, by the influence of evil associations, develops a weak, infirm manhood ; which, like the shifting sands swept hither and thither by the ocean currents, is ever eddying about in the channels of moral evil and popular errors, contributing in no slight degree, to swell the number of moral delinquents and blighted intellects.

And now we would have the thoughtful reader consider well the blighting effects of parental hypocrisy, spreading out into an unconscious social hypocrisy, which pervades many homes ; the absorbing worldly associations which thousands of parents throw around their children ; the open skepticism which meet some on the threshold of life, and the dark stream of parental ignorance and vice, with its million of tributaries annually increasing in number. Bear in mind the various perverting social influences in this connection, and then sum up these numerous violations of the laws which regulate healthy moral and mental development, and you have the origin of one of the prevailing phases of American mind, distorted from its earliest years, prone to errors, weak, unguided, and often falling into utter ruin ; the intellect borne down into hopeless obscurity by some of the worst forms of mental disease.

If any reader questions the accuracy of the views here presented



in regard to the relation existing between these early departures from the right way, and the final termination in disease, let him glance at the assigned causes of mental derangement, in the published reports of our Asylums for the Insane. He will there find that intemperance, vice, vicious habits and indulgences, popular errors, defective training, and other similar causes, are among the most prominent. And then if he could trace the history of these cases back to the years of childhood, he would conclude, with us, that the perverted life and ultimate disease are but the bitter fruits of parental and social negligence and error. If he will glance at the youth in any community, and note the home and social influences which surround many of those who are just entering upon this life so prolific of sorrow and anguish—influences which, so far as they exert any power, directly tend to develop a weak, faithless, or depraved manhood—the truth of our statement must be apparent. And he has only to follow the evil effects of such a development on to the end, to feel, in all its terrible truthfulness, that the “sins of the parents *are* visited upon the children.”

This branch of the subject has especial claims upon the attention of intelligent parents everywhere, particularly in our cities and villages. The evil is beyond the reach of the legislator or the physician. The cause must be removed, American homes must take their true place and do their legitimate work, or all other efforts to change the current of life into more healthful channels will be futile.

[*To be continued.*]

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#### CONDITION OF THE INSANE IN SCOTLAND.

As improvement progresses in the construction, heating, ventilation and internal economy of institutions for the insane, and in the views entertained by the medical profession and the public in regard to a more liberal and enlightened treatment of their inmates, the extension of the improved system thus resulting to larger numbers

and classes of the insane, becomes a subject of greatly augmented interest. Whatever may be thought of the perfection of the modern system of treatment in its application to the comparatively few who are at present receiving its benefits, there seems to be but little room for self-gratulation when the large number of the insane is considered who are in no wise benefitted by it. There seems now to be, on the contrary, far more cause for self-abasement, when we neglect to avail ourselves of the benefits that have been so clearly demonstrated, than there was to our forefathers, who could at least plead ignorance for their shortcomings.

Should the Conollys of the present day be disposed to weep like Alexander because there are no more worlds to conquer, it promises to be a long time before the field occupied by such philanthropists as Miss Dix will be fully harvested. Through the self-sacrificing labors of this eminent philanthropist, as well as from Commissions appointed by State Legislatures, we have had numerous reports and memorials, setting forth in the strongest colors the necessities of this portion of our suffering fellow-citizens, and asking for relief. With these the most of our readers are supposed to be familiar, and on the present occasion we purpose devoting a few pages to a notice of the "Report by her Majesty's Commissioners appointed to inquire into the condition of Lunatic Asylums in Scotland." It may serve to blunt the edge of any compunctious visitings the national conscience may have experienced on account of our own deficiencies, to find that in the above-named country, under a government whose efforts to relieve the wants of the insane are well worthy of imitation, so much should yet remain to be accomplished.

The report and appendix consist of 838 pages, and besides the information they impart relative to the condition of Asylums and the Insane, contain suggestions as to the best modes of improving their condition, which, emanating from a body of men chosen solely with reference to their special qualifications for the task assigned them, cannot fail to possess interest and value.

We will confine our notice chiefly to those portions of the report which relate :—



1st, To the number of the insane at present in Scotland, and the manner in which they are distributed :

2nd, To the nature and extent of the accommodation for the Insane, whether in public Asylums, or private establishments recognized by law ; the condition of these establishments, and treatment of the patients confined in them :

3rd, To the condition of lunatics not confined in any of the establishments, so far as it has been ascertained.

1st. The number of the insane, including idiots, is 7403 ; of whom 3736 are males, and 3667 are females ; 2603 are congenital idiots, and 4800 proper lunatics : 2732 are supported at private expense ; 4644 are paupers, and 29 are criminals.

The proportion of the insane to the whole population is one to every 390. The Commissioners say, however, that this can only be regarded as a probable approximation, owing to the necessity they were under of taking the population as in 1851 as the basis of their calculation, while the number of insane returned is as on May, 1855.

The 2732 private patients were distributed as follows : 652 in chartered asylums ; 231 in licensed houses ; 9 in poor houses ; 10 in reported houses ; 12 in schools for idiots ; 18 in unlicensed establishments ; 1453 with relatives ; 297 with strangers ; and 50 not under the care of any one.

The 4642 paupers were disposed of as follows : 1511 in chartered asylums ; 426 in licensed houses ; 667 in poor houses ; 31 in reported houses ; 3 in schools for idiots ; 6 in unlicensed establishments ; 1217 with relatives ; 640 with strangers ; and 141 not under the care of any one.

2nd. There are no institutions for the insane in Scotland that have been established by government ; yet the existing establishments, founded by private charity, are abundant evidence of the interest that has been felt in behalf of this destitute portion of the inhabitants. These institutions, commonly called Chartered Asylums, from the circumstance that each has a royal charter of incorporation, are designed not only for the reception of pauper patients, but also of those whose means enable them to defray the expenses of

care and treatment suitable to a higher station in life. There are at present seven establishments of this kind, capable of accommodating about two thousand patients. They have been erected with contributions, donations and legacies, and have afterwards been extended by additional contributions, and the profits derived from payments for patients. Only one, the Morningside Asylum, at Edinburgh, has received any assistance from government, and this to the amount of £2000 only. The total expenditure made by the several chartered asylums for buildings, lands and furniture, amounted in 1855 to £352,632, which, with the exception of the £2000 named above, and the sums accumulated from payments on account of patients, has all been derived from charitable sources.

The appendix to the report contains a brief description of the origin, construction, government, and other points connected with each of these asylums. In their general features they bear a considerable resemblance to incorporated institutions for the insane in this country. They are the offspring of the same feeling of private benevolence, by which they are also sustained through the active exertions of their founders or their successors, acting together under the sanction and protection of a charter of incorporation, who meet annually, and appoint managers, or fill vacancies. As our business is principally with the actual condition of the insane, we will notice these topics as far as may be found necessary to illustrate the former, taking the liberty perhaps of commenting on any peculiarity of construction, organization, or management, and giving the views of the Commissioners on these subjects, where they appear to be of sufficient interest. These institutions vary considerably in size, that of the largest, at Edinburgh, containing accommodations for 467 patients, while the Perth Asylum only accommodates 183. It appears that the Commissioners think the former too large a number to be in a single institution.

“ The size of an Asylum has a considerable influence upon the condition of the patients, and it may be considered a settled rule that, every thing else being equal, moderate-sized asylums can be more efficiently constructed than larger institutions. In addition to



the advantages to be derived from treatment in asylums of moderate size, there can be no doubt that large central establishments are not so well adapted to meet the wants of the community as smaller local asylums to which patients can be more readily sent. Besides we have reason to believe that the patients themselves prefer the smaller houses, where their individuality is more recognized, and where they have a more homelike feeling."

The Asylum at Perth, and the Crichton Institution at Dumfries, are constructed with central staircases, and radiating galleries, which can be inspected through glazed apertures over the doors. There are also at Perth, Dumfries, and Morningside, external galleries, which appear to have been designed to afford the patients the means of taking some amount of air and exercise during unfavorable weather. They are enclosed externally by strong wire, or ironwork. There can be no question that such arrangements are objectionable on account of the disagreeable impression likely to be produced on the minds of the patients, who would be disposed to regard them as having a prison or cage-like appearance. Indeed, we think the principle may be considered as established that all fixtures about institutions, which by their unusual appearance are calculated to give the idea, either to patients or visitors, that any special methods are required in the management of the insane as a class, are of evil tendency. The Commissioners object to such arrangements, and are disposed to "advocate the erection of more simple and ordinary buildings for the poor, having a more domestic aspect and arrangement. Greater economy in construction, and a larger amount of comfort to the inmates would, we conceive, be obtained, if all the internal space were made available as far as practicable for sleeping accommodation and for day rooms, from which a ready access to the open air could be obtained. There is but little doubt that to be near home, and to be surrounded with homely objects in dwellings having a domestic character, and affording opportunities for ordinary daily occupations in household work by arrangements familiar to them at home, are grateful to the feelings of poor patients, who generally prefer an inferior description of accommodation to the spacious galleries provided in some of the public asylums. In such plain, do-

mestic buildings a more contented frame of mind is likely to arise, which is highly important as conducive to mental restoration."

What would be considered in this country a striking peculiarity, is the large proportion of patients provided for in associated dormitories, in the internal arrangements of the Scotch Asylums. Thus, in the pauper department of the seven chartered asylums, while there are accommodations for 281 patients in single sleeping rooms, there are 104 dormitories with less, and 82 with more than six beds each, and some of the largest of which contain as many as 24 beds. The introduction of large dormitories dates from the erection of the new buildings at Gartnavel and Morningside, and this system has acquired its greatest development in the latter asylum. Here not only are the dormitories largest, but large dormitories are proportionally most numerous. In connection with this subject it is worthy of remark, that the mortality is generally greater in those asylums in which the patients are chiefly placed in large dormitories, than in those where small sleeping rooms prevail. It is probably owing to the necessity of making provision for the insane poor on the most economical scale that the system of associated dormitories has been adopted to so great an extent in these asylums. This appears to be almost the only feature they possess in common, and having at first generally been designed for a small number of patients and subsequently enlarged to meet the increasing demand for accommodation, some of them labor under the disadvantage of not having been constructed on any connected plan.

Some important points connected with the health and comfort of the inmates have consequently been overlooked ; especially those of heating and ventilation. The following extract from the report will show their deficiencies in these respects.

"The problem of how best to ventilate and warm a large asylum does not appear to have as yet received a satisfactory solution in any of the chartered asylums in Scotland. In the Dundee Asylum, the warming is dependent upon open fire-places, and the only means of ventilation are the windows, and Arnott's ventilators in the day-rooms. The condition of the house is in some respects satisfactory, but in winter the sleeping rooms are stated to be so cold that it be-



comes necessary to dress the restless patients in clothing so contrived that it can not be thrown off during the night. In the Glasgow Asylum, the proper working of the warming apparatus necessitates the keeping of the windows shut, whereby the atmosphere is apt to become close and oppressive. In the private apartment of the Edinburgh Asylum, the ventilation of several of the sleeping rooms is defective, being during the night altogether dependent upon a few apertures bored in the doors."

The following facts in relation to bedding, clothing, and diet of the patients, are considered important by the Commissioners, as showing that, notwithstanding the very creditable manner in which the chartered asylums, or the whole, are managed, the superintendents have not yet entirely succeeded in their efforts to act upon the modern views of the treatment of the insane.

"We have generally found patients in the chartered asylums sufficiently clothed and well supplied with flannel underclothing. In the Montrose Asylum, however, dirty and destructive patients are permitted to lie entirely naked while in seclusion. In several of the asylums, locks and straps are used to fasten the dresses of patients who would strip themselves. The beds are generally clean and comfortable, having mattresses of straw or sea-grass, and ample coverings, but very frequently they are provided with only one sheet. \* \* At some asylums, as at Montrose, for instance, the private patients provide their own bedding. This practice causes great inconvenience, especially in those cases where the patient is brought from a distant locality. In those asylums where the bedding for private patients is furnished by the institution, it is of good description. The beds for wet patients have straw mattresses, and sometimes stretched canvas bottoms, and are for the most part kept clean. At Aberdeen, a mattress divided into parts is in use which allows the removal of that portion which has been wetted. At Glasgow, the beds for wet patients stand over zinc or leaden troughs sunk in the floor. Into these the urine passes from the bed, and they are cleaned by being flushed with water, which can be turned on at pleasure. At Montrose, dirty and destructive patients are occasionally permitted to sleep on loose straw cast on the floor.

"The quantities of food allowed to the paupers vary a little in the different houses, but the general nature of the diet is nearly the same in all. Breakfast consists of porridge and milk, or tea and bread. For dinner the staple is broth, with vegetables, potatoes, and bread, and a small quantity of boiled meat every day, or a larger quantity on alternate days. For supper there is again porridge and milk. Working patients have frequently in addition a luncheon of

bread and cheese with beer. In the Asylum of Aberdeen, animal food is given only once a week to patients of the lowest class engaged in labor. This diet is probably better both in quantity and quality, than that of the Scotch peasantry in general, for in the country districts so little animal food is consumed by the poorer classes, that even the allowance in the Aberdeen Asylum is perhaps greater than the patients were accustomed to in their own homes. The manner in which the food of the paupers is served is not so neat and orderly as it ought to be. In general there are no tablecloths, and frequently no knives or forks, all the food being taken with spoons. The diet of the private patients paying the higher rates, is varied and abundant."

The views of the English physicians in regard to mechanical restraint seem to be adopted in these asylums. We are informed that strait waistcoats, straps and muffs are banished therefrom, which would indicate an improved condition of the inmates, were it not for the worse alternative of seclusion, which appears to be extensively resorted to. The necessity of seclusion, in the opinion of the Commissioners, is mostly due to faults of construction, to overcrowding, to deficiency in the means of exercise, and to the want of a sufficient number of attendants. Under circumstances of this kind, which are beyond present remedy, it appears to us to be a question for serious consideration whether a guarded use of instrumental restraint, as a substitute for seclusion, might not be adopted with advantage to the patients, especially as we are informed that in one institution, that at Montrose, out of 174, eleven patients were secluded, several of them having been so for very considerable periods, and one woman for several months; and it is to be observed that the seclusion-rooms in this asylum are mere cells with stone floors and darkened windows, and that the patients who are placed in them are frequently allowed no other covering than blankets, and no other bedding than loose straw cast upon the floor.

In consequence of the small quantity of land attached to most of the chartered asylums, the opportunities for out-door employments, both for private and for pauper patients, are much restricted; and this defect does not appear to be remedied to the extent that it might be by the provision of suitable workshops, or the substitution of oc-



cupation that might be made available in the wards. At Dundee, however, a considerable number of the patients are employed in weaving, and in most of the asylums a few are engaged in tailoring, shoemaking, and carpentering. The females find some employment in the wash-house and laundry, and also in sewing, knitting and making under clothing. In none of the asylums, with the exception of that of Dumfries, have the efforts to prevail on the private patients to engage in manual labor been attended with much success. In that establishment a party of twelve gentlemen have been induced to work in the garden, where when required they both trench and dig.

In several of the asylums much has been done to afford recreation and amusement to the patients. Various sports and games have been introduced, and in most of the houses there are frequent excursions, and occasional picnics, concerts, lectures, evening parties and dances. In that of Dumfries there are also theatrical performances. While fully recognizing the importance of recreation and amusement, the Commissioners are disposed to think "that the efforts of some of the medical superintendents have been extended too much in this direction, to the exclusion of more serious occupations. Simple amusements can never dispel ennui, nor afford the same amount of healthy occupation to the mind as useful and productive labor. In most of the chartered asylums there is a want of objects of everyday interest, calculated to afford quiet pleasure and enjoyment, which might be supplied at very little cost. The providing of such objects is not a matter of indifference, for they tend to draw the patient's mind away from its morbid thoughts, and to prepare the way for recovery. At Dumfries, in this respect, and in every other that tends to alleviate the condition of the patients, a great deal has been accomplished. This asylum contains a museum of specimens in natural history, and also a library, consisting of 5000 volumes. Here, and also at Morningside, periodical publications are regularly printed and circulated, many of the articles being contributed by the patients themselves."

Contrary to what might be expected, the same difficulties with

which we are familiar in this country are met with in Scotland, in procuring the services of suitable persons as attendants. The following paragraph relating to the subject of personal attendance upon the patients, especially during the night, will give the views of the Commissioners in an important department of asylum management.

“The attention bestowed on the patients during the night time is generally defective in the chartered asylums. Sufficient pains are not taken to correct the bad habits, which are apt to arise and become confirmed in the worst class of cases when left unobserved and unassisted during the night. In those asylums where some system of night nursing has been adopted, this important object has been kept in view. At Aberdeen, a night-watchman and assistant night-watchman are appointed, and at Morningside, a male night-watch has charge of both male and female departments. But as the main duties of a night-watch are to get up patients habitually wet or dirty, to attend to the sick, and to help the feeble and epileptic, it is obvious that a night-watchman can not with propriety be entrusted with these duties on the female side of the house. If, in order to save expense, only one individual is appointed, it appears to us a preferable plan to appoint a woman to visit both sides of the house. Indeed there is little doubt that one, if not more, nurses might be advantageously employed both in the male and female departments during the night time; and we may further remark that the services of women are not at any time sufficiently made available as nurses in the male wards. It is right to notice that the nurses and attendants are placed to sleep in the dormitories with the patients.”

The above will serve to give some idea of the condition of the chartered asylums, which, provided and conducted almost entirely by private liberality, may be considered as doing nearly all that has been done for the insane in Scotland, on benevolent grounds. They have furnished for the wealthy classes a scale of accommodations that is probably unsurpassed in any institutions of a similar character, while they have extended their benefits to a very large number of the pauper insane, who have thus been better cared for than they could have been in any other way that was available. For these services we think the people and the government owe them a deep debt of gratitude, the latter having by their action down to the



present time been relieved of the necessity of taking measures for the relief of the insane poor. In their double duty of providing for the wealthy and the indigent, they have had many difficulties to contend with, which have been overcome probably as far as in the nature of things was possible. One of the principal of these has been the congregation of patients of different classes of society in the same building, and the necessity of a minute subdivision of the patients into classes, both as it respects their position in life, and the nature of their malady. The consequence of this is, that the inmates are divided into a large number of communities, each having its separate apartments and airing grounds. "By the adoption of this arrangement liberty within doors is diminished, the facilities of egress into the open air impeded, and the space appropriated for exercise is considerably curtailed; and the results are isolation of individuals belonging to the upper classes, restricted exercise to the inmates generally, and lengthened seclusion to the more refractory patients."

From their size and capabilities of receiving a considerable number of patients of the higher classes of society, the chartered asylums are able to command the services of able and accomplished physicians, and they are consequently under the superintendence of medical men of high standing. It is evident from the report of the Commissioners that the defects stated to exist in these establishments are in their nature beyond the power of the Superintendents to remedy. So far from their being responsible for deficiencies, we think that much of the reputation which these Asylums possess, in spite of their incompleteness in some respects, must in justice be attributed to the energy and indefatigable exertions of their Superintendents, in the application of every means within their reach for the benefit and recovery of the patients.

According to law, any person receiving into a private asylum any patient without a warrant from the sheriff of the county, and any person keeping an asylum for the reception, care and confinement of lunatics without a license from that officer, is liable to a heavy penalty. Such asylums belonging to private individuals are known as

Licensed Houses, and form an important portion of the existing provision for the care of the insane in Scotland. These private asylums are 23 in number, and afford residence and shelter for 231 private, and 426 pauper patients. In them may be found every grade of accommodation, from that which is fitted for the most refined and luxurious, to that which little more than supplies the necessities of existence to the most humble of the insane poor. They are conducted entirely as individual enterprises, a fixed rate of board being charged for maintenance, out of which the proprietor must feed, and in some instances clothe the patients, and reserve sufficient for his own remuneration. On such a system it is evident that the amount of expenditure for the maintenance of the patients would vary much in different cases, as the proprietor was more or less disposed to consider his own pecuniary interest, and as there is no systematic supervision, it is not surprising that in some of these institutions very great abuses are found to exist. "The proprietors of some of the houses receiving patients belonging to the upper grades of society are men of education, and well fitted by professional training to have the management of institutions for the insane. But as a class those who receive pauper patients are totally unfit for the proper discharge of the highly responsible and delicate duties they undertake. Licenses have been awarded to persons who have no knowledge whatever of the nature or treatment of insanity, who have not even the experience of an ordinary nurse in a general hospital, and who are besides unprovided with sufficient capital to make a satisfactory provision for all the wants of those under their charge. Thus at Musselburgh we found one proprietor whose previous occupation had been that of victual-dealer ; another had been an unsuccessful gardener ; and the last person who obtained the sheriff's sanction for a license was a woman keeping a public house, who had taken a second house for the reception of lunatics, with the view, as we were told by her daughter, of keeping both for a while, and continuing that which should prove the more successful speculation."

When the above facts are considered, we need not wonder that cases like the following should occur :



“Two male patients were confined at Hill-end Asylum, near Greenock; both had occupied respectable positions in life, and the payments made for them were respectively £53 18 and £35 per annum. These sums should have secured for them comfortable accommodations, but at the time of our visit they shared a small bedroom with a third patient, and for months had slept together entirely naked in a miserable trough bed, on a small quantity of loose straw. Both patients were dirty in their habits, and the straw was found by us filthy and saturated with urine. They were associated with pauper patients, and their accommodation and treatment was similar to that of the lowest class.”

The rates of payment for private patients vary with the accommodation provided, from £350 per annum, the highest rate, to £20, at which the accommodation is the same as that of the pauper patients. The Commissioners say that they have had little means of ascertaining whether the sums paid by the friends of private patients are in fair proportion to the extent of their means, but they have frequently observed that the accommodation provided for them in licensed houses was much below what it should have been, considering the rate of payment.

It will not be necessary to follow the Commissioners through a detailed account of the condition of these houses as respects construction, heating and ventilation, and the personal care, diet, exercise, occupation and medical attendance of their inmates. When it is stated that none of the buildings occupied were constructed for the purpose for which they are used, that the proprietors, with few exceptions, are possessed of none of the qualifications necessary for their undertaking, that there is no regular, stated supervision by disinterested parties, and that the duties of the physicians employed by the proprietors are limited mainly to prescribing in cases of bodily illness, it will be readily perceived that the general condition of their inmates, especially of the pauper class, must be very unsatisfactory. There are, however, honorable exceptions, and the Commissioners say that in some of the private asylums the treatment of the patients is conducted on humane and enlightened principles, but the facts they have quoted show that many of these asylums require to be fundamentally reformed.

POOR-HOUSES.—There are nine private and 667 pauper patients in the different county poor-houses, which, being designed principally for keeping the harmless and incurable at less cost than would be incurred in the chartered asylums or licensed houses, are simply places of detention, where but little is done specially for their benefit. In several counties, however, provision is made for the reception of all cases occurring among the poor of the parish, and the lunatic wards of such poor-houses may be considered as hospitals for the treatment of insanity. In these the means for the proper care and supervision of recent and excited cases are insufficient. The appliances for curative treatment must be very defective, and the result, it may fairly be inferred, is to render numbers incurable, who might, under more favorable circumstances, be restored. Thus we see, as in examples that are familiar to us nearer home, an unwise present economy becomes the cause of greatly augmented future expenditure.

3rd. The condition of that large class of the insane taken care of by their relatives in their own homes, or placed among strangers, presents the picture of misery and degradation which is met with in every community that has failed in its duty of providing for the wants of the insane. The actual state of the law requires that every insane pauper within fourteen days from the time when such person is known to have become insane, shall be conveyed to and lodged in an asylum legally authorised to receive lunatic patients; but the law contains a provision by means of which this removal may be dispensed with, and the patient be placed in the charge of relatives, or any one who will become responsible for his care and treatment. There exists among the population of the Highlands, a very strong feeling of attachment towards imbecile and insane relatives, mingled to a certain extent with the superstitious belief that the abandonment of such relatives would be visited with misfortune. The effect of this feeling is to induce persons having insane relatives to submit to great privations rather than have them placed under the care of strangers; and in cases chargeable to the parish, to undertake the care of them themselves, on the payment by the parish



authorities of the merest pittance for their weekly support. In these cases the care of the patient seems to be thought little about, either by the authorities or the friends ; the only consideration with the former being, how the patient can be maintained at the smallest expense ; and the question of resorting to the asylum is rarely entertained as long as the patient is quiet, and is not considered dangerous. The Commissioners describe numerous cases of suffering and neglect among the pauper insane thus provided for, which for want of space we must pass over, and proceed to bestow a passing notice on the condition of that class of indigent insane, a grade removed from pauperism, whose privations and sufferings present one of the most painful pictures the mind can contemplate.

“ By far the greater proportion of private patients living with relatives or strangers belong to the class immediately bordering on pauperism. \* \* When a person belonging to the industrial or laboring classes, is seized with insanity, he is either at once reduced to pauperism, or is supported for a while by his own earnings or the contributions of relatives. Very frequently these are speedily exhausted, and he becomes chargeable to the parish, but occasionally many years elapse before patience and money fail, and it is only when by the death of a father, brother, or other near relative, the sources of his support are dried up, that assistance is asked of the parochial board. \* \* With by far the greater proportion of the private insane neither the patient's means, nor those of his friends, permit his being sent to an asylum. Accordingly as a general rule he is detained at home. If violent, he is locked up in a room, or bound in such a manner as to prevent mischief. Or if quiet, he is allowed to wander about. Two evils result from this mode of proceeding. In the first place, the malady in most cases becomes incurable ; and secondly, his family are frequently reduced to poverty, partly through the loss of the patient's labor, and partly from attendant expenses. In the long run the struggle generally ends in the patients becoming chargeable to the parish, but not until all hope of recovery has passed away.”

It was our intention to have extracted some of the cases instanced by the Commissioners for the purpose of illustrating by examples the condition of the insane of the pauper class not in asylums, but the space already occupied warns us to desist. We therefore conclude with the following “ summary ” of the observations of the Commissioners upon this class.

“Reviewing the facts now made known as to the condition of the insane and idiotic not in asylums, it is obvious that an appalling amount of misery prevails throughout Scotland in this respect.

“There are no less than 3798 persons so situated, of whom 937 are placed among strangers, and 191 are not under the care of any one. Of those placed with strangers, 489 are women. The pauper lunatics amount to 1998, many of whom should be placed in asylums, but who are left in their present circumstances from their condition being imperfectly reported to the Board of Supervision. It is a maxim with the board that removal to an asylum cannot be dispensed with in cases where restraint is necessary. \* \* But we have seen that in many cases this requirement is not observed.

“When estimating the condition of the insane not in asylums, it should be remembered that the details furnished by us give only an imperfect representation of the state of matters. They form only a part of the picture of misery, and had we been able to extend our investigations, it would, we are convinced, have assumed a much darker shade. We possess little or no information as to the condition of those who have no one to take charge of them, and although the inhabitants of a district may generally show kindness to these unhappy persons, they doubtless are exposed to much suffering and privation, and generally end their days in a condition inconceivably wretched. In September, 1854, the body of an old woman belonging to this class was found on a moor in the parish of Kiltarlity, Inverness-shire. She had evidently perished through weakness and debility.”

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#### THE CASE OF FREETH. TRIAL FOR MURDER. DEFENSE, INSANITY.

GEORGE FREETH, or Freth, was lately indicted and tried in Philadelphia for murder. He was an Englishman, who for several years lived in that city, pursuing the business of a jeweler. He was a married man, with several children. Early in 1856, he visited England, and on his return he was accompanied by a nephew, William Lee Smith, whom he introduced to his family. It was for the alleged murder of Smith that he was tried.

It appears that shortly after the return of Freeth from England, his wife became estranged from him, and subsequently refused to



live with him ; while Smith, the nephew, resided with Mrs. Freeth and several of her children, and was believed to have ultimately married her.

After the separation, Freeth became unhappy ; and his unhappiness seems to have been more particularly caused by the fact that he was deprived of his children, and especially of one of them to whom he was much attached. There was some evidence produced on his trial tending to show that during this separation he had connected himself with another woman.

Pending this state of affairs, Freeth, while riding in an omnibus, saw Smith on the pavement, at the corner of a street, and immediately left the omnibus and approached him. A conversation ensued. Freeth said, "Well, Bill, you are going on nice about me." Smith replied, "Me ? I'm not." Freeth said, "Didn't I bring you over ?" Smith replied, "I paid myself." "Did you ?" said Freeth, "I'll show you." He then put his hand in his pocket, took out a newspaper, then another, and then *a pistol*, which he presented and said, "You are a dead man." Smith ran for a hotel in the neighborhood, Freeth following. They passed through the bar-room and out of a back door into an entry, when Freeth fired. Smith fell. Freeth fired repeatedly, wounding Smith in several places, and of course mortally.

The witnesses of the transaction all agreed that, although Freeth was excited, there was nothing unusual in his manner, and several of them said that he was cool.

The defense of insanity was interposed. Two or three witnesses testified that Freeth's manner had been strange for some time previous to the day of the homicide. One witness said that he had informed Freeth of a visit which he had made to Mrs. Freeth for the purpose of obtaining his children for him ; and that Smith, (the deceased) had said he would shoot Freeth if he came to the house ; that his wife had said she could not live with him, and would run him through with a knife ; and pointing to a paper figure, suspended by the neck and hanging to the wall, had said, "That is George Freeth—his son Albert has hung him there." Freeth on hearing

this, said he would throw himself into the Delaware ; and his whole manner was at once changed. Freeth afterwards came to this witness, and said he could get no employment, and was in a state of starvation, when the witness gave him some money. Freeth told another witness that "if he had that child he should be content." He then left the city for Richmond, and returned in August, not long before the homicide.

Another witness says, that on Freeth's return, "his whole talk was about his children," and he was "uneasy looking in his mind."

Another witness said that he acted strangely before the homicide ; laughed and cried ; talked of his children ; said he had done wrong in having another woman, but that Smith had done a greater wrong. They had stolen his children from him. The Saturday before the homicide he asked one witness to go up with him to see his children. This witness says, "he acted strangely,—he was crying."

A married daughter of Freeth testified that the night before the murder he was at her house,—did not sleep,—would not rest,—laughed, as she said, *with madness*. On being requested to go to bed, he replied, "How can I go to rest, when that villain stands there in my place where I ought to be, the father of my children?" He laughed and cried—passed the night in a chair. This witness had a conversation also about the birth of the last child of Mrs. Freeth, by Smith, the deceased. Freeth said, "Don't you know your mother has done wrong?"

On the other hand, the physicians of the prison testified that during his confinement before the trial, they had seen no evidence of insanity in Freeth, and explained their reasons at length for believing him sane, by reference to the usual signs, such as the state of the pulse, the appearance of the eye, and other tokens which distinguish insanity.

We regret our inability to give a more particular report of the testimony in the case, especially that on the part of the prosecution. The witnesses for the defense, whose evidence we have more freely given in order to show the bearing and force of the points urged in favor of the prisoner, were his warm friends ; and what his married



daughter says must obviously be taken with some grains of allowance for her filial feelings in a case that involved her father's life.

If we are rightly advised, the opinion of the Court was that the defense was a failure, and that Freeth was a murderer; but the jury returned a verdict of *manslaughter* only. How they could acquit the prisoner of *murder*, on the ground of insanity, and still convict him of *manslaughter*, when the same defense was good against that, is apparently inexplicable; but it seems that it was a *packed jury*, and that the deputy sheriff who packed it was sent to prison afterwards, and that one of the witnesses also was committed on a charge of perjury, and subsequently tried and convicted for that offense. Freeth himself was sentenced to the State prison for the full term allowed by law as a punishment for manslaughter, and the mode of drawing jurors in Philadelphia was soon after changed by the Legislature, to prevent the packing of juries.

The American Law Register for May, 1858, contains the charge of Judge Ludlow to the jury in this case of Freeth, which we deem an important one, as an exposition of the legal principles applicable to the defense of insanity, and reprint in our columns.

The following charge was delivered to the jury by

LUDLOW, J.—The defense in this case is that the prisoner, at the time of the commission of this offense, was not an accountable being. If this allegation is true, it would be monstrous to punish him, and therefore we find the law to be, that if one charged with the commission of crime is so entirely devoid of understanding as to be either an idiot or a madman, he is thereby acquitted of all guilt; he is not criminally responsible to the offended majesty of the law, but becomes at once rather an object of pity than the subject of punishment.

Gentlemen, it is unnecessary for me to say to you that we will be obliged to investigate a most delicate and dangerous subject; nevertheless, we will endeavor to lay down such rules and tests as will enable you to arrive at a satisfactory conclusion.

If the prisoner at the bar, at the time he committed the act, had

not sufficient capacity to know whether *his act* was right or wrong, and whether it was contrary to law, he is not responsible. This is, in fact, general insanity, so far as the act in question is concerned, and it must be so great in extent and degree as to blind him to the natural consequences of his moral duty, and must have utterly destroyed his perception of right and wrong.

The test in this instance, as you perceive, *is the power or capacity of a prisoner to distinguish between right and wrong in reference to the particular act in question*; for although a man may be sane upon every other subject, yet if he be *mad*, to use an expressive phrase, upon the subject, and so far as the act under immediate investigation is concerned, he thereby loses that control of his mental powers which renders him a responsible being. The test thus suggested has been adopted by the judges of England, and by the courts of our own State, and is too well settled to be shaken.

But suppose that the prisoner was able to distinguish between right and wrong, and yet was laboring under *a partial insanity, hallucination or delusion*, which drove him to the commission of the act as a duty of overwhelming necessity, is he in such cases responsible for his acts?

If the delusion were of such a nature as to induce the prisoner to believe in the *real* existence of facts which were entirely *imaginary*, but which, if true, would have been a good defense, he would not be responsible. We, however, desire at this stage of our remarks to refer rather to other delusions than the class thus spoken of, reserving for future consideration our remarks on this branch of the subject.

That partial insanity, hallucination or delusion, coupled with the power of discriminating between right and wrong, was no excuse for crime, has been ruled to be the law of England, and to this point did the judges of England refer in *McNaughten's case*, 10 Clark & Fin. 210, in their first answer to the questions propounded to them by the House of Lords. This doctrine was also stated to be the law by our predecessors upon this bench in the case of *Commonwealth vs. Farkin*, 2 Parsons Se. Eq. Ca., p. 431, and would have remained the law in this State but for the opinion and charge of Chief Jus-



tice Gibson in *Com. vs. Mosler*, 4 Barr, 266, where the Chief Justice says: "It (insanity) must amount to delusion, or hallucination, controlling his will, and making the commission of the act a duty of overruling necessity." And, again, he says: "The law is, that whether insanity be general or partial, it must be so great as to have controlled the will of its subject, and to have taken from him the freedom of moral action."

Medical writers agree that instances constantly occur of the commission of acts of killing by those who not only know that the act about to be committed is wrong, but that punishment is affixed to its commission by law.

We cannot, however, leave this branch of the subject to doubt or uncertainty, and our conclusion is, after a somewhat extended investigation of the law, that the proper rule to be adopted upon the point in question is the following:

If the prisoner, although he labors under partial insanity, hallucination or delusion, did understand the nature and character of his act, had a knowledge that it was wrong and criminal, and mental power sufficient to apply that knowledge to his own case, and knew if he did the act he would do wrong, and would receive punishment; if, further, he had sufficient power of memory to recollect the relation in which he stood to others, and others stood to him, that the act in question was contrary to the plain dictates of justice and right, injurious to others, and a violation of the dictates of duty, he would be responsible.

A man must, therefore, labor under something more than "a mere moral obliquity of perception," and "a man whose mind squints, unless impelled to crime by this very mental obliquity, is as much amenable to punishment as one whose eye squints."

The jury must, therefore, even though they believe the prisoner labored under a diseased and unsound state of mind, be satisfied that this diseased or unsound state of mind existed to such a degree, that although he could distinguish between right and wrong, yet with reference to the act in question, his reason, conscience and judgment were so entirely perverted, as to render the commission of the act in question a duty of overwhelming necessity.

But there is another species of delusion entirely distinct from those which we have just considered, which is recognized by the law, and which when the jury believe that it clearly exists, will entitle the prisoner to an acquittal. I refer to that delusion by reason of which the prisoner commits the act under a fixed, *bona-fide* belief (which is a delusion) that certain facts existed which were wholly imaginary, but which if true, would have been a good defense.

The judges of England, in their answer to the fourth question propounded to them by the House of Lords, say—supposing that one labors under partial delusion, and is not in other respects insane, “We think he must be considered in the same situation as to responsibility as if the facts with respect to which the delusion exists were real. For example, if, under the influence of delusion, he supposes a man to be in the act of attempting to take away his life, and he kills that man, as he supposes, in self-defense, he would be exempt from punishment.

“If his delusion was, that the deceased had inflicted a serious injury to his character and fortune, and he killed him in revenge, he would be liable to punishment.”

But if this spirit of delusion existed, the act charged against the prisoner must be the direct result of this delusion, and the delusion must have been directly connected with the act driving him to its commission, and must have been such a delusion which, if it had been a reality instead of an imagination, would have justified him in taking life.

Besides the kinds of insanity to which I have already referred, and which strictly speaking affect the mind only, we have moral or homicidal insanity, which seems to be *an irresistible inclination to kill, or to commit some other particular offense*. We are obliged by the force of authority to say to you, that there is such a disease known to the law as homicidal insanity; what it is, or in what it consists, no lawyer or judge has ever yet been able to explain with precision; physicians, especially those having charge of the insane, gradually, it would seem, come to the conclusion, that all wicked men are mad, and many of the judges have so far fallen into the



same error as to render it possible for any man to escape the penalty which the law affixes to crime.

We do not intend to be understood as expressing the opinion that in some instances human beings are not afflicted with a homicidal mania, but we do intend to say that a defense consisting exclusively of this species of insanity, has frequently been made the means by which a notorious offender has escaped punishment. What, then, is that form of disease, denominated *homicidal mania*, which will excuse one for having committed a murder?

Chief Justice Gibson calls it, "that unseen ligament pressing on the mind, and drawing it to consequences which it sees but can not avoid, and placing it under a coercion which, while its results are clearly perceived, is incapable of resistance"—"an irresistible inclination to kill."

If by moral insanity is to be understood only a *disordered* or *perverted* state of the affections or moral powers of the mind, it can not be too soon discarded as affording any shield from punishment for crime; if it can be truly said that one who indulges in violent emotions, such as remorse, anger, shame, grief, and the like, is afflicted with homicidal insanity, it will be difficult, yes, impossible, to say where sanity ends and insanity begins; for, by way of illustration, the man who is lashed into fury by a fit of *anger* is in one sense insane.

As a general rule it will be found that instances are rare of cases of homicidal insanity occurring wherein the mania is not of a *general nature*, and results in a desire to kill any and every person who may chance to fall within the rage of the maniac's malevolence; as it is general, so also is it based upon *imaginary* and not *real* wrongs; if it is directed against a particular person (as is sometimes the case,) then also the cause of the act will generally be imaginary; when, therefore, the jury find from the evidence that the act has been the result of an imaginary but *real* wrong, they will take care to examine with great caution into the circumstances of the case, so that with the real wrong, they may not also discover revenge, anger, and kindred emotions of the mind to be the real *motive* which has occasioned the homicidal act.

Orfila has said, "That the mind is always greatly troubled when it is agitated by anger, tormented by an unfortunate love, bewildered by jealousy, overcome by despair, haunted by terror, or corrupted by an unconquerable desire for vengeance. Then, as is commonly said, a man is no longer master of himself, his reason is affected, his ideas are in disorder, he is *like a madman*. But in all these cases a man does not lose his knowledge of the real relations of things, he may exaggerate his misfortune, but this misfortune is real, and if it carry him to commit a criminal act, this act is perfectly well-motived."

The man who has a clear conception of the various relations of life, and the real relation of things, is not often afflicted with insanity of any description. He may become angry, and in a fit of temper kill his enemy, or even his friend, but this is not, and I hope never will be, called in courts of justice insanity. Again, one who is really driven on by an uncontrollable impulse to the commission of a crime, will be able to show its "contemporaneous existence evinced by present circumstances, or the existence of an habitual tendency developed in particular cases, and becoming in itself a second nature," and ought further to show that the mania "was habitual, or that it had evinced itself in more than one instance."

Chief Justice Lewis has said that moral insanity "bears a striking resemblance to *vice*;" and further, "it ought never to be admitted as a defense until it is shown that these propensities exist in such violence as to subjugate the intellect, control the will, and render it impossible for the party to do otherwise than yield." And again, "this state of mind is not to be presumed without evidence, nor does it usually occur without some premonitory symptoms indicating its approach."

Gentlemen of the jury, we say to you, as the result of our reflections on this branch of the subject, that if the prisoner was actuated by an irresistible inclination to kill, and was utterly unable to control his will, or subjugate his intellect, and was *not* actuated by anger, jealousy, revenge, and kindred evil passions, he is entitled to an acquittal, provided the jury believe that the state of mind now re-



ferred to has been proven to have existed, without doubt, and to their satisfaction.

The judge then reviewed at length the evidence, and called the attention of the jury to the act of Assembly regulating the degrees of murder, and also to that act which requires a jury, when the defense is insanity, to say so if they so believe, and also to find if the prisoner is acquitted on that ground ; and, after calling upon the jury in the most solemn manner to discharge their whole duty, he committed the prisoner to their charge, saying : " If the prisoner, by reason of mental infirmity, is not a responsible being, acquit him ; but if you believe him to be guilty, in that event consign him to that doom which is the direct result of his own act."

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#### MARRIAGES IN CONSANGUINITY.

[*Translated from M. Devay's "Hygiène des Familles."*]

In the view of the physiologist and the physician, marriage in consanguinity is a violation of an organic law, and their experience can not but lend a powerful support to the common sentiment. Every physiological union is due to a true *vital affinity*, whose sole condition is an *harmonious diversity* in the parts or parties involved. An affinity founded upon this condition is the first motive influence in sexual approximation. The law is, that it exists only in an opposition of sexes, (a law of such potency that it addresses itself to the instinct, even in the associations of organic life) and that every tendency towards a similarity in the genital organs, even in opposite sexes, awakens an intuitive repulsion. This affinity acts very profoundly also on reproduction ; to it seems to be due the instinctive aversion of similar characters in certain marriages ; it is at least a settled point that a certain contrariety of characteristics between any two parents is necessary to fertility.

Hence the observation so often made by authors, that alliances

between individuals too like each other, however well constituted both may be, are often unfruitful ; fecundation is the more certain in a given species, in proportion as there is found, between the male and female, a disparity of temperament or of present condition. It is for this reason that the greater number of alliances in consanguinity either do not succeed at all, or succeed ill.

Dr. Dechambre, a physician of great intelligence on this subject, appears to us to have estimated at its just value the special rôle of consanguinity. "What we have to reprobate," he says, "in marriages of this sort is, not that they perpetuate in families diseases capable of hereditary transmission, neither certain forms of temperament, neither certain organic proclivities, such as narrowness of chest, or other vice of conformation. It is manifest that nearness of relationship of itself adds nothing to the chances of morbid heredity, which, depending on the health of the individuals themselves, and of their progenitors on either side, acknowledge the same origin, whatever the nature of the alliance. The objection to marriages between persons sprung from the same stock is, that by the mere fact of the non-renewal of the blood, they exercise a peculiar influence in inducing an organic depreciation, fatal to the propagation of the species."

This cause, if suffered to repeat itself in the same family, would, in a certain sense, as compared with morbid heredity, act in an inverse direction. The latter becomes exhausted with the lapse of time. Very often, it is true, the characteristic by which it betrays itself goes on increasing more and more during several generations ; but in the end it becomes effaced, and is lost in the maze of intermarriages, and in the complicated web of influences belonging to situation, climate, temperament, and constitution. It is the same in this respect, with diseases and vices of organization as with individual characteristics ; and just as the family resemblances become sooner or later effaced as the generations advance, and families themselves are extinguished, (there are none, according to Benoiston de Châteauneuf, whose duration has exceeded three centuries,) just so diseased tendencies are less and less active as the common stock



grows older. An example of this we might instance in the families of Colburn and Nougaret, whose history is related by M. Prosper Lucas (*Treatise on Heredity*), who himself borrows it from Carlisle and M. Szokalsky. "In the Colburn family," says M. Lucas, "the hereditary peculiarity of supernumerary toes and fingers progressed after this fashion; the normal arrangement was to the abnormal successively as follows: in the first generation as 1 to 35, in the second, as 1 to 14, in the third, as 1 to 3.75, and thus diminishing step by step, the peculiarity at length disappeared.

"The more recently traced genealogy of the Nougaret family, in which *hemeralopia* for six generations was hereditary, shows the same result. The proportion of individuals thus affected to those remaining exempt was, in the first generation, as 1 to 1, in the second, as 2 to 3, in the third, as 1 to 6, in the fourth, as one to 9. In the fifth and sixth generations this last proportion had not changed; but contrary to the opinion of M. Szokalsky, the final extinction of this peculiarity, provided no error should be committed in the choice of alliances, seems to me inevitable." In this opinion of M. Lucas we fully coincide.

On the other hand, the effects attributed to marriage between relatives, often negative or only slightly marked after a first alliance, become multiplied and aggravated after a second or a third. The offspring become more and more wretched, and little by little the family depreciates, notwithstanding the precautions used in matrimonial associations. Consanguinity then would tend to annul the benefits sought for in matrimony; it would present an obstacle to the transmission of the healthful qualities of parents to the products of their union, and while devoting the latter to those infirmities which they in their turn are to transmit, it would transfer again to the sphere of morbid heredity whatever the lapse of time might have effected under any system of alliance, but particularly in such as should have been properly assorted.

A striking example of this sort of antithesis of effect as between heredity, properly so called, and consanguinity, is furnished by the domestic animals, in which the experimental study of this question

is much easier than in the human species. It is well known what is meant in England by "breeding in and in;" a propagation by incest, which consists in coupling individuals of the very closest blood connection, the sire with his own female offspring, the brother with the sister, &c. This method is resorted to, to confirm and render more easily transmissible through a limited number of generations, certain qualities recognized in one or both parents. But, at the same time, the debilitating influence of these associations is so well understood, as to be taken advantage of for the production of individuals, whose small skeleton and soft flesh render them very desirable for the table. If however, this practice be too long continued, the end sought after is exceeded; and we succeed in obtaining only the sorriest products, sickly, mis-shapen, short-lived, and oftentimes inapt for procreation. What we have said of the ox, the sheep, or the hog, has been likewise observed in birds; the fact is even said to be established in the case of plants.

It can not be doubted that nature has imposed upon organic life, as a condition of its prosperity, the law of interchange of diverse physiological attributes. This inference is derived from a comprehensive view of natural phenomena. The vegetable kingdom is perfected by transplanting. We can not now accept the opinion so long in vogue, that the greater part of the races or varieties of fruits that we possess are due to the gradual and continued operation of successive graftings; they are in general the result of change of climate, soil, or condition of exposure in the races or species, and are sprung from the plant-seeds derived from the individuals thus transported. Art has now recourse to this method, for the development of new varieties in both kingdoms. When these varieties do not occur spontaneously, when the desired peculiarities do not present themselves in the parents, it suffices to modify the physical circumstances under which they live, air, soil, climate, kind of nutrition, &c., to make it certain that their descendants shall present new characters.

It would be a mistake to suppose that the facts which demonstrate the disastrous consequences, in a sanitary point of view, of alliances in consanguinity, are too small in number and too exceptional, to



excite any solicitude on the part of the hygienist. "They occur," it will be said, "in a sphere too limited to merit anything more than a sentiment of curiosity." But even in that view it would be desirable to investigate a question of hygiene, however limited in its application—one of those occult points of etiology, so closely linked moreover to the all-important question of heredity. And again, although not a cause of general operation in the decay of the species, although not to be regarded as exercising an equal influence with the other recognized hygienic agents, this fact nevertheless derives some importance from its connection with certain localities, and certain social conditions.

#### THE AUTHOR'S OWN FACTS AND OBSERVATIONS.

It is now many years since our researches upon this subject were undertaken. In 1846, on the first publication of our "Family Hygiene," we pointed out certain facts tending to throw light upon the question. "Our cases," we then wrote, "are thirty-nine in number; thirteen have been collected within the circle of our acquaintance; the other twenty-six have been furnished either by our own patients or from authentic sources. In the first category we find two uncles who have married their own nieces; three aunts who are united to their grand nephews; all the rest are alliances between first or second cousins. Now, eight of these marriages have been sterile, although the parties were by no means of disproportionate age; four have engendered scrofulous children, cut off in the flower of their years, not one of whom has passed the age of fourteen. The last of these unfortunate alliances has, it is true, brought into the world an offspring of sufficient vitality, but so afflicted by *ichthyosis*, a loathsome cutaneous affection, as to have been seriously embarrassed in growth, and in worldly prospects. We may add, moreover, that two of the scrofulous and rickety children were born with supernumerary fingers, as though nature had sought to associate deformity with the original feebleness of constitution.

"Among the twenty-six cases included in the second category, we find eleven unfortunate alliances, all of them between first cousins;

an epileptic child is the issue of one of these marriages ; three of the others have produced children who have died in convulsions, or of hydrocephalus. Among the other seven we reckon two sterile unions, and of the five remaining, two of the offspring present a state of health which leaves very much to be desired. Four only of these marriages, to complete the number of twenty-six, have been fruitful. Their offspring appear to enjoy a moderate degree of health."

Since these first observations, we have not ceased to be on the lookout for analogous facts, and scrupulously to note the results of consanguinity. We have not been surprised to see them all bear witness to this fact, viz : that alliances in consanguinity are as unfavorable to the increase as to the health of a population. In a word, either these unions prove utterly sterile, or else their issue become affected in health or structure. Such are the results derivable at least from our own researches, and we may say that proofs of this assertion have accumulated in a manner quite to our satisfaction. The facts collected by us have nearly all reference to alliances which have occurred but once in the same family : they present only the results for a single generation. For ourselves, we are little inclined to share the confidence of some physicians, and of certain non-professional persons, who see no danger, properly speaking, in a single marriage in consanguinity. According to them, this danger only exists when the habit of consanguinity in a family has passed, so to speak, into a chronic state. All that can be said, is, that in the first class of cases there are exceptions ; individuals sprung from a first generation in consanguinity may, in limited number, enjoy an immunity.

In the second category there are fewer exceptions ; the family has become contaminated in its very essence. " If certain families," says Dr. Rilliet in his note, and this seems to us a legitimate deduction from the facts, " appear either in whole or in part to have escaped the action of consanguinity, it is still to be feared that the disastrous influence of this cause, while sparing a first generation, will make itself felt in the succeeding ones, and that the final result of these alliances will be the annihilation of the family."



Let us study the language of facts. To the thirty-nine observations cited in 1846, we have now to add eighty-two, collected since that time, and which relate to facts we have ourselves verified. We pass over in silence some others of a semi-authentic character, which, having been furnished us by credible persons to be sure, but who were strangers to the science of medicine, pass with us only as hearsay evidence. It will be readily perceived, with what delicacy and discretion researches of this nature have to be made. While other points in the domain of medicine require a detailed, circumstantial examination, here the honor of the physician demands a prudent reserve; it is not for the interest of a family to be thus made an object of notoriety.

We have then a total of one hundred and twenty-one cases, in which it has been permitted us to see the results of the influence of consanguinity on conception and its products. The eighty-two new facts present a pathogenic summary having much analogy with the preceding thirty-nine. Of these eighty-two, the number of cases of sterility reaches fourteen, which, added to the eight previously noted, makes the whole number twenty-two. These alliances, which are for the most part of from eight to ten year's standing, were between cousins or the children of cousins. Four only were of uncles who had espoused their own nieces. Among the twenty-two cases of sterility, we reckon sixteen that were absolute, that is to say, without conception, and six in which, although conception took place, it was followed by abortion in the first months of gestation. Out of the whole number of one hundred and twenty-one, we have established seventeen cases of abortion. Thus we have on the one hand six abortions not followed or preceded by an ordinary conception, and on the other, eleven cases in which there was, either before or after the abortion, a full-term pregnancy.

Whenever the attention of observers and physicians shall be sufficiently drawn to this matter, they will be able almost always to establish this important fact, that nature seems to testify by degrees, its repulsion towards marriages founded on consanguinity. Very often, (and this may indeed be regarded as a favorable result,) it visits

them with sterility ; and if they be fruitful, it makes of their issue, odd, incomplete specimens, and brands them with anomalies. At last, it has still in reserve those deviations from the physiological type of the race,—the veritable monstrosities. In any considerable series of products, the issues of consanguineous unions, we almost always meet with one or more specimens affected by those singular accidents of organization, so appalling and so afflicting to a family. We sometimes find, too, congenital blindness, as well as cases of hemiplegia.

Of all the abnormal deviations, that which we have most frequently observed is a superfluity of fingers or toes. We have seen, in a family of three children, whose father and mother were related in the fourth degree, two of these children presenting supernumerary little toes ; the hands were normal. In our one hundred and twenty-one cases, we have met with this anomaly seventeen times, and of these, thirteen times in both hands. The contrary phenomenon, the absence of fingers or toes, occurs less frequently ; twice only have we observed it, and in both cases, in the hands alone ; the little finger was wanting.

The hand, that organ, or rather that part of our mechanism which Galen has extolled as the most beautiful physiological attribute of the human species, should it be one of the first so marred by this disastrous influence as to constitute a deviation from the natural order of things ?

In presence of such a number of facts collected by a single observer, we must be allowed to think that consanguinity is perhaps the efficient cause of those aberrations, those deviations without number from the normal standard, whose origin is for the most part unexplained. Indeed, in referring to the principle of heredity alone for an explanation of these occurrences, we find to our astonishment that they proceed from parents placed in the best sanitary conditions, and of the most irreproachable conformation. If physicians had long ago made account of this delicate point in etiology, they might perhaps have found in this very subject we are considering the cause of those arrests or excesses of development, those pathological oddities, which science records as mere objects of curiosity. Thus, children



affected with *harelip*, we are told by M. I. G. Saint Hilaire, are in most cases born of parents in every way well-constituted. We have ourselves twice already observed harelip, and once *spina-bifida*, in children who were the issue of marriages in consanguinity. We have, from the late Dr. Latil de Timécour, the account of a case in which he had been able to judge of the influence of consanguinity; the child was born of parents who were first cousins. In fine, among our eighty-two cases were five children who had *club-foot*. This deformity is very common besides in families where this habit of intermarriage has been perpetuated for a long time.

We have but a single case of monstrosity, properly so called, in our total of one hundred and twenty-one; this was an anencephalous foetus. The parents were first cousins; and after the confinement which furnished this product, pregnancy did not again occur. This accident created a great sensation in the family, was kept secret as far as possible, and the young mother herself was never informed of it. As she supposed, the child was well-formed, though still-born.

At the very moment we write these lines, we have before our eyes a foetus, for which we are indebted to the kindness of Dr. Gubian the younger, chief of the medical clinic at the School of Medicine. This foetus, also anencephalous, presents besides the most singular peculiarities. It is itself a specimen of nearly all the organic deviations we have just spoken of, and is the most irresistible argument that can be opposed to the practice of intermarriage among relatives. We have in it a harelip, a fleshy appendage six inches long on the right shoulder, and in the feet a deficiency in the number of toes, four only in the left foot and three in the right; the femurs and tibias are excessively short. In the case of this remarkable monster, it would seem that nature has multiplied the anomalies and reversed the laws of development, in order to furnish a lesson to those who might reproach these general views of ours with exaggeration. In consideration of the extreme importance of this case, we add the details furnished us by Dr. Gubian, on the antecedents of this product. "Madame —, aged 34, of good constitution, but

nervous temperament, being a subject of hysteria,—catamenia always regular—had resolved to remain single, when considerations of family convenience and the supervention of certain changes in her position, determined her, at the age of 33, to marry her own cousin, himself aged 39, and of an excellent constitution. She became pregnant at the close of the first year of her marriage; the gestation was favorable, the labor was very difficult; it was impossible to recognize the presenting parts; the pains continued ten hours, at the end of which time the lady was delivered of a monster, which we classed, (my father and I,) among the *anencéphaliens désencéphales* of M. Saint Hilaire.”

In reading the works which treat of monstrosities, we are always struck with the deficiency they present with reference to the cause of these organic deviations; very rarely is a remote cause assigned, even a probable one, for these anomalies. The etiological bearing of consanguinity does not appear to be even suspected. Hereafter we shall venture to hope that every physician who in the course of his practice shall have occasion to record new facts, will take care at least to mention this circumstance whenever it shall occur.

We must repeat it again, because this idea appears to be the expression of a general fact: Nature seems, by a terrible raillery to protest against the violence offered her in these alliances, which, as Burdach expresses it, seem intended to disarrange the order of providence, the order of the universe. She lends a hand in the physiological tumult. Thus in some cases she inflicts a littleness of stature which is ludicrous when compared with that of the parents; she produces a sort of *atrophy of the human nature*. Sometimes she affixes a simple mark, a sign, as it were, of her displeasure; this may have no pathological character whatever; it is simply an expression of eccentricity. In this view, we call to mind a young lad, now about twelve years of age, born of parents who were cousins, who has upon his vertex a striated patch of black and white hair. He is well-formed and healthy in other respects. If it be admitted, what in our view is extremely probable, that consanguinity tends to extinguish the reciprocal love of father and mother, their sympathy with



each other, we shall then appreciate the assertion of an eminent physiologist : " When parents have an aversion towards each other, they produce," says Burdach, " disagreeable forms, their children are of lower vitality and less active."

There are diseases of a mixed character, which affecting rather the texture than the *ensemble* of the vital forces, seem nevertheless to invest themselves with the character proper to certain diatheses. Of this sort is *ichthyosis* among cutaneous affections, and such too is *enchondroma* among maladies of the osseous system. Now we have known both of these to occur in connection with consanguinity. Among our eighty-two more recent cases, we found *ichthyosis* once; this product was the issue of a marriage between uncle and niece.

Concerning the latter disease, there may perhaps be some doubts as to the cause; there are nevertheless very strong presumptions. The case is as follows: " A young woman, affected with phthisis, entered our service at Hôtel Dieu in 1854. Besides the principal disease, she had, on the dorsal surface of the left hand, three tumors, each of the size of a small potato; these tumors were hard and of bony consistence. Several times, while she lived, she was interrogated concerning her family; we insisted upon knowing whether her parents were not in some degree or other related; she replied that she did not know, that she had never heard anything said about it, but that such a thing might well be, seeing that in the country where she was born, (the mountains of Vercors, in the department of Drôme) *families very often intermarried within themselves*. A short time after, the patient having fallen a victim to the pulmonary disease, the autopsy revealed the osso-cartilaginous nature of the tumors in the hand, forming a sort of shell; it was an *enchondroma*. The specimen is preserved in the museum of the School of Medicine."

Among our collected cases we find but one individual deaf and dumb, and this a young girl. She was the issue of a marriage contracted between first cousins. Our attention has been called to similar examples in families of whom we have knowledge, but in these consanguinity of alliance has become established as a practice. Like

idiocy and mental alienation, *deaf-mutism* appears as a frequent coincidence of consanguinity. Dr. Menière, physician to the Imperial institute for deaf-mutes in Paris, has alluded to this with considerable earnestness. "It is a fact," says he, "that many deaf-mutes are born under circumstances of this kind," (marriages in consanguinity.) \* \* "I may safely affirm at this day, that the cases of congenital deaf-mutism in families thus constituted, are sufficiently numerous to demand very serious consideration. It is very important to be advised of this singular fact."

M. T. Perrin has shown, that in the establishment for deaf-mutes at Lyons, of which he is physician, at least one-fourth of these unfortunate cases are the fruit of marriages in consanguinity, and the same is true in the establishment for incurables at Ainay, nearly one-fourth of whom show a like origin. These are astounding facts, above all when we consider that the number of these marriages can hardly be estimated at more than a twentieth of those of the ordinary kind.

The deaf-mutes are chiefly numerous in the limited localities, as in some cantons of Switzerland, some islands on the western coast of France, certain small towns at a distance from the great centres of population, and in fine, wheresoever sedentary habits, quietness of living, and limited necessities, furnish a barrier to the emigration of the younger portion of the community. It hence results that the families contract no alliances with strangers, that the blood is not renewed, that constitutions find their own elements confirmed, that successive generations are propagated bearing throughout their own peculiar characteristics, until at last the very exaggeration of these original conditions involves the diminution and decay of the individuals, and the final extinction of the family. Dr. Menière, in the spirit of an enlightened physician, regrets that the civil law places no restriction upon these family unions, and that it allows, in this respect, entire liberty to the contracting parties. The law of the church appears to him much wiser in the annulling disabilities by which it formerly guarded the marriage contract. The severity that prevailed in former times was doubtless unreasonable, but it was



founded on just principles, which it has been the great error of our day to ignore. At present, the civil law rules everything, ecclesiastical dispensations in favor of marriages between relations, of whatever degree, are readily obtained; the temporal interests which impel these unions have no longer need to try their strength against a power which never yet surrendered; thus are seen to multiply, those marriages which are contrary to the plainest notions of experience and common sense.

For some time past we have been in the way of observing a very curious fact, and one which enters into the category of those we have already pointed out, viz: the delay in dentition in children who are the issues of consanguineous alliances. Thus we know of children, at this moment three and four years of age, who have as yet no teeth. A young physician of Lyons, a very well-informed person, M. Leopold Ollier, assures us that he has frequently observed this fact in the department where he was born, and where these alliances are common. With this delay in dentition is almost always associated an arrest of development in both body and mind.

Such are the anomalies and the somewhat exceptional maladies that we have had occasion to establish in families where for the most part these marriages were not repeated, or in which the practice was of recent date. Among these cases there are doubtless a large number of children who are exempt from all infirmity, and who present at least the attributes of moderate health. To recapitulate, we have in 121 cases, 52 instances of various abnormal changes. If from these 52 we subtract the 17 cases of supernumerary fingers or toes, which constitute eccentricities rather than true infirmities, there remain only 35 cases of those affected either by disorders of a true pathological nature, or by accidents which have extinguished the germs, those first hopes of manhood, *prima spes hominis*, as the poet expresses it.

Doubtless we may claim that such a number of cases expresses something more than a mere coincidence, and yet we must admit that even these would be quite insufficient to afford a peremptory demonstration of the fact we are seeking to establish, had we not extended

our search after proofs throughout whole families, where consanguinity has established its impress by its duration. Isolated facts throw a flood of light upon the subject, they attest the danger, they point it out, so to speak; the second order of facts confirm it. By the former, nature indicates to what lengths she may sometimes go; by the latter, what the inevitable result under the most favorable circumstances will be. In short, in the first case there is a threat; in the second, a realization. And it is a reality, not only for the physician, but for all who possess in any degree the spirit of observation. These will point out to you, when you engage them in the subject, families in which all these anomalies are met with; where an idiot and a hemiplegic occur side by side; where are to be found affections of the skin of the most exuberant and the most eccentric forms; where may be seen persons affected with melancholy, or with suicidal melancholy; where, in a word, all sorts of pathological anomalies are met with.

Since the publication of these researches, (about one year ago,) we have been put in possession of new documents. Two new cases of supernumerary fingers, one case of *hypospadias* rendering the husband impotent, one young woman of twenty years, (born of a marriage between an uncle and niece,) having perfectly white hair,—these are facts which enter into the category of anomalies of organization. A large number of our professional brethren have cited to us unfortunate examples, either of sterility, or of divers maladies; but what is very curious, and calculated to confirm these observations, analogous facts have been furnished us by persons who were entire strangers to the profession. Several young men, after the reading of our memoir, or after a personal conversation, still hesitated as to the course they should pursue in regard to marriages in consanguinity, thus arrested in advance. Some among them, whom our counsels had deterred, returned afterwards, bringing with them the results of their own observations, drawn from the localities in which they lived, and furnished contributions to our statistics. One of them, since his attention has been called to the subject, has seen among the unions in consanguinity of his own acquaintance, one case



of epilepsy, one of idiocy, and two of rickets. What our advice was unable to effect, personal experience has accomplished ; these individuals have renounced the risks to which alliances, otherwise very advantageous, would have exposed them. Dr. Boinet, of Paris, stated to M. Macario, that he knows five different families in which there are five idiots, the issue of this sort of alliance : " There is," says Dr. Macario, in a notice of our work, to which he has added some observations of his own, " a very rich Jewish family, well-known in the world, which reckons in its midst cases of hemiplegia and congenital blindness, the results of family intermarriages. An eminent jurist, married to his own cousin, has lost three children of hydrocephalus. A manufacturer of Lyons, likewise married to a cousin, has had fourteen children, eight of whom have died of convulsions in infancy ; among the remainder were a cripple without legs, and cases of tuberculosis and rickets, all of whom died early ; one child only has survived."

For some time past, physicians in America have been making researches upon this point in hygiene, which may be said to be at the same time public and private. We place before the reader the observations most recently made : it will be seen to what extent they are confirmatory of our own.

M. Bemiss has succeeded, after having overcome many difficulties, in collecting exact information relative to the results of thirty-four alliances in consanguinity. Of these thirty-four, twenty-eight were between first cousins, that is between relatives of the third degree according to the civil law, and six between cousins in the second degree, relatives in the fourth degree according to the civil law. Of the thirty-four examples which form the basis of the work, in seven cases the union was sterile, twenty-seven times it was fruitful. The twenty-seven fruitful marriages produced one hundred and ninety-one children. The sex of the children could be ascertained in only thirteen of the marriages ; these gave forty-nine boys and forty-two girls.

Of the twenty-eight marriages between relatives in the third degree, twenty-three were fruitful, and five sterile, and of the six marriages

between relatives in the fourth degree, two were sterile and four fruitful. In the two last cases of unfruitfulness, the women were themselves the issues of marriages in consanguinity.

The average number of children in all the marriages was five or six. The average number in the fruitful unions alone was seven and a small fraction.

For the marriages between relatives in the third degree, the average number of children was 6.87, and in those of the fourth degree, 8.5.

Of the one hundred and ninety-two children, the issue of all these marriages, fifty-eight died shortly after birth. In twenty-four cases the cause of death is stated: in fifteen it was phthisis, in eight, spasmodic affections, and once it was hydrocephalus.

Of the one hundred and thirty-four children who have reached adult life, forty-six are of good constitution and healthy; thirty-two are mentioned as being ill-constituted and habitually unhealthy, but without particular details as to their condition. There are nine with regard to whom no information could be obtained. As to the other forty-seven, they are all either ill-formed or affected by more or less serious diseases; twenty-three of them are scrofulous, four epileptic, two insane, two are mutes, four are idiots, two are blind, two deformed, five are albinos, six are infirm, and one has chorea.



## BIBLIOGRAPHICAL.

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### REPORTS OF AMERICAN ASYLUMS.

1. *Reports of the Board of Visitors, Trustees, Treasurer and Superintendent of the New Hampshire Asylum for the Insane.* June session, 1857. *Ditto*, June session, 1858.
2. *Twenty-first Annual Report of the Trustees and Superintendent of the Vermont Asylum for the Insane.* August, 1857.
3. *Report of the Board of Trustees of the Massachusetts General Hospital, for the year 1857.*
4. *Twenty-first Annual Report of the Trustees of the State Lunatic Hospital, at Worcester, Mass.* December, 1857.
5. *Reports of the Trustees and Superintendent of the Butler Hospital for the Insane.* January 27, 1858.
6. *Thirty-third Annual Report of the Officers of the Retreat for the Insane, at Hartford, Conn.* April, 1857. *Thirty-fourth ditto.* April, 1858.

1. THE history of the New Hampshire Asylum, since its opening in October, 1842, exhibits a slow but steady advancement, and a very uniform degree of success. In 1844, the number of patients reported was seventy ; in 1852, the number had increased to one hundred and seventeen, and by the erection of such additional buildings as have from time to time seemed necessary, it will now comfortably accommodate two hundred and thirty-five patients. From some cause, however, not very apparent in the reports, the advantages of the Institution do not seem to have been fully appreciated. Although the number of Insane in the State is more than sufficient to fill the entire building, the largest number at any one time under treatment was one hundred and seventy-five.

In the first of the reports under notice, Dr. Tyler presents the statistics of the asylum from its opening until the close of the official year, June, 1857. The whole number admitted during that time was fourteen hundred and seventy-six; of those discharged, six hundred and fifty-nine, 45 per cent., were restored, and one hundred and forty, about 10 per cent., died. The uniformity in the results of treatment year by year, as shown by the table, serve in a measure to substantiate the accuracy of these general statistics, and together exhibit a very satisfactory degree of success.

On the 15th of July, 1857, Dr. Tyler resigned the position of Superintendent, the responsible duties of which office he had for several years discharged with signal ability. His successor, Dr. Jesse P. Bancroft, gives the annexed report of the operations of the institution for the year ending May 31st, 1858.

	Males.	Females.	Total.
Remaining May 31st, 1857,.....	84	86	170
Admitted during the year,.....	44	32	76
Whole number treated,.....	128	118	246
Discharged, recovered,.....	17	17	34
"    improved,.....	8	12	20
"    not improved, .....	2	3	5
Died,.....	13	5	18
Total discharged,.....	40	37	77
Remaining, May 31st, 1858,....	88	81	169

"Of the deaths, none resulted from acute or epidemic disease. One occurred from apoplexy, one from epilepsy, one from consumption, two from general paralysis, and one from suicide. The others were the termination of long-continued insanity in various forms. The average age of these persons was fifty-one years, and the average duration of their insanity, nine years."

2. The old wooden building in which the earlier patients of the Vermont Asylum were treated has yielded before the march of improvement, and has given place to a larger structure of brick. This, when fully completed will afford greatly increased facilities for the classification and treatment of patients.



In the annual reports of his institution, Dr. Rockwell confines himself very uniformly to the general statistics of the year, the various architectural or other improvements which may have been made, suggestions in relation to the admission and removal of patients, and brief remarks on the cause and treatment of the disease, designed more particularly for popular instruction. Very few gentlemen in our specialty have a larger experience in the care and treatment of the insane, or in the management of institutions for their reception. A professional connection of several years with the Retreat at Hartford, and twenty-two years of service in the institution at Brattleboro, have given him the possession of no ordinary amount of practical knowledge. Although he has not deemed it expedient to occupy the pages of his annual reports with the discussion of subjects strictly medical, we sincerely trust that the profession will receive the benefit of his ripened experience in some other and perhaps better way.

The general statistics for the year are as follows :

	Males.	Females.	Total.
Remaining August 1st, 1856, .....	190	217	407
Admitted during the year, .....	64	83	147
Whole number treated, .....	254	300	554
Discharged, recovered, .....			74
"    improved, .....			19
"    Not improved, .....			11
Died, .....			37
Total discharged, .....	62	79	141
Remaining, July 31st, 1857, .....	192	221	413

Since the opening of the institution two thousand two hundred and ninety-nine patients have been discharged, of whom twelve hundred and eighty-three, about 55 per cent., were restored.

3. The last medical report of the McLean Asylum for the Insane is from the pen of Dr. Bell, who, at the urgent request of the Trustees, had, just before the close of the year, consented to assume the duties of Superintendent during the illness of Dr. Booth. That ill-

ness, unfortunately for science and humanity, proved fatal, and before the document had been given to the public, Dr. Booth died.

In their annual report to the corporation, the Trustees take occasion to pay merited tribute to the worth of this truly good man, and deeply deplore the loss which the institution sustained in his early and lamented decease. "Nature," say they, "had endowed him with a temperament singularly well-fitted to meet the harassing duties of daily superintendence of the insane. His tastes, training, and education, developed a character consistent in all its parts; quiet, firm, and self-reliant. Kind-hearted, gentle in manner, and sympathetic, he secured the affection no less than the respect of his patients and subordinates. The years spent in our own and in other kindred institutions had suitably prepared him for the great trust which nearly two years since was confided to his hands. With a patience and equanimity which no perverseness could disturb, with a cool, dispassionate judgment which no combination of difficulties seemed to shake, he kept on the even tenor of his way, with no uncertainty as to the line of his duty, and with entire courage in its execution."

On account of the illness of Dr. Booth, and the short time the professional charge of the institution was in the hands of Dr. Bell, the present report is very brief. The results of treatment, it will be observed by the annexed table, do not essentially vary from those of former years.

	Males.	Females.	Total.
Remaining January 1st, 1857,.....	94	102	196
Received during the year,.....	75	66	141
	<hr/>	<hr/>	<hr/>
Whole number treated,.....	169	168	337
	<hr/>	<hr/>	<hr/>
Discharged, recovered,.....	36	35	71
"    much improved,.....	5	6	11
"    improved,.....	7	10	17
"    not improved,.....	20	12	32
Died,.....	12	16	28
	<hr/>	<hr/>	<hr/>
Total discharged,.....	80	79	159
	<hr/>	<hr/>	<hr/>
Remaining, Dec. 31st, 1857,....	89	89	178



4. The Trustees of the State Lunatic Hospital at Worcester speak in the highest terms of the system of forced ventilation recently adopted in that institution.

“Tested by the experience of another year, we feel,” say they, “entirely justified in saying that it has more than realized our expectations. The hospital is much better warmed, than was possible under the old system. The ventilation, which before was very imperfect and defective, is now completely successful. In determining to make the change, the Trustees were of opinion that so great was the necessity for a more safe and complete mode of warming and ventilating the hospital, that they would be justified in making the change, though it should require a material increase in the annual expenditure for fuel. But they are happy to find, that during the past year they have been able to warm the buildings more perfectly, and to secure a more uniform temperature, with a ventilation as nearly perfect as can well be expected, with a less expenditure for fuel than was required under the old system.”

This is certainly rather more than those who labored most earnestly in introducing and perfecting the system in question had allowed themselves to expect. That it would thoroughly and effectively, and at all times uniformly fulfill its combined purposes of warming and ventilating there seemed to be no doubt. But that the amount of fuel required should be less than that consumed in an apparatus intended for warming simply could not have been anticipated.

In the latter the extreme limit of warming a certain amount of space contained within the building is the only question. The warming of the additional air admitted being simply incidental, and necessary to the operation of the apparatus. In the other system, the cubic space within the building is but one consideration; then follows the more important inquiry, How frequently does the health of the inmates require the atmosphere to be changed? The volume of air to be introduced into the building is thus ascertained, and it only remains to apportion the radiating surface accordingly. Were there any known way of abstracting the invested heat as the air is ejected from the wards, and again returning it for use, the former would obviously be the most economical.

One superiority of the system of warming and ventilation now

coming into such general use in our larger asylums and public buildings, is that it supplies fresh air far more abundantly than any other; and it is a natural inference that it costs more to warm a larger than a smaller quantity. True, it has two great and essential advantages for the economic employment of steam as an agency for warming buildings—the rapid condensation of the steam whereby the heat is promptly abstracted for use, and its almost instantaneous delivery at the points desired; nevertheless the amount of air used is very great, and the warming of so much extra air, would seem to require proportionally more fuel. Presuming, as there is nothing said to the contrary, that the apparatus formerly used at Worcester was an ordinarily economical one, the results as presented in the Trustees' report, are quite at variance with general experience elsewhere. We would direct attention to this matter, that those engaged in warming similar institutions may make inquiries in regard to the special advantages ascribed to the apparatus at Worcester, and avail themselves thereof.

We have looked to the introduction of perfected systems of forced ventilation into our asylums for the insane, to work great changes in the results of treatment, and we have not been disappointed. Dr. Bemis adds his testimony to the value of the fan in a hygienic point of view. At most of the institutions into which it has been introduced, there has been an immediate and marked decrease in the rates of mortality; at Worcester, it is true, we find an exception, the ratio of deaths having increased a little during the two past years, though probably from some adventitious circumstances not mentioned in the report. The effect upon the patients is most marked, their appearance at once indicates the invigorating character of the atmosphere they are breathing, the tendency to drowsiness and inaction is in a great measure removed, and even many of the most demented, seem to have lost their wonted torpidity.

The condition of the institution is reported as unusually favorable. The results of treatment during the year are as follows :



	Males.	Females.	Total.
Remaining Dec. 1st, 1856,.....	184	192	376
Admitted during the year,.....	126	145	271
Whole number treated,.....	310	337	647
Discharged, recovered,.....	74	76	150
"    improved,.....	35	40	75
"    not improved,.....	4	2	6
Died,.....	19	25	44
Total number discharged,.....	132	143	275
Remaining, Nov. 30th, 1857,....	178	194	372

Five of those admitted during the year were more than eighty years of age, and four were between the ages of seventy and eighty years. The diseases which proved fatal, were; consumption in seven cases; epilepsy, six; maniacal exhaustion, five; marasmus and palsy, each four; old age, three; chronic meningitis, erysipelas, gangrene of lungs, and influenza, each two; apoplexy, chronic dysentery, diarrhea, delirium tremens, pneumonia, and suppurative phlebitis, each one.

A table, prepared from the previous reports by that eminent statistician, Dr. Edward Jarvis, of Dorchester, Mass., is presented, embracing all the causes of insanity given by the friends of patients, or discovered by other means, since the opening of the hospital. It is valuable as a compilation of over five thousand cases, and did our space permit, we should transfer it to our pages.

There is a class of patients, very numerous, especially in our larger and older asylums, peculiarly liable to abuse—the abuse of neglect. The listless inaction of progressing dementia, or the engrossing nature of some absorbing but insidious delusion which is slowly sapping their mental strength, makes it no easy matter either to occupy or interest them. They wish to be let alone, their attendant's comfort is decidedly enhanced by so doing, and they are too often allowed to sink sooner or later into a hopeless imbecility. Dr. Bemis makes the following remarks in reference to this class:

“They will be found sitting about, dull, idle, silent, manifesting no interest in anything around them, leaning for support on the cor-

ners and projections of the apartment, gazing into vacancy—with a listless stare, and if disturbed by another patient, muttering in broken and incoherent phrases, desiring nothing but the hour of surfeit at the table, or that of a more profound forgetfulness in sleep. When the weather is propitious, they walk or ride, but this soon becomes mechanical and affords no real enjoyment; they notice but little and converse less during the ride or walk, and are not much refreshed or exhilarated when they return.

“This class of patients make but little trouble in an asylum, and are too frequently overlooked and neglected, and if not already fatuous soon become so. They have apparently good physical health, are quiet in their habits, and unable to command attention by loss of power, or enlist sympathy by absence of visible suffering, consequently they are forgotten in the pleasanter task of attending to the less needy but more susceptible patients of the wards. We believe this class require much of our attention; they need to be aroused into mental activity. Their minds should be awakened by some daily exercise, opening to them new and varied scenes. Thus assisted in labor and amusement, their minds will regain some strength; their memories improve; their habits become better; and by perseverance many will be rendered capable of a much higher scale of enjoyment, and saved from a state of hopeless fatuity. Controlled by such considerations, we take advantage of every method for exercising and improving the minds of our patients. And we have the satisfaction of witnessing, in many cases, not only recovery from insanity but the acquisition of an improved state of mind, apparent to the friends, and appreciated by the patients themselves.”

Dr. Bemis' report is valuable and interesting. Beside the ordinary subject matter, it contains the by-laws of the hospital, and the diet table. The usual meteorological tables by J. Smith Sargent, are a model of conciseness and accuracy, and constitute an annual contribution of great value to that department of scientific investigation.

5. The completion of the first decade of the existence of the Butler Hospital, furnishes, in the present report, an occasion for reviewing the past history of the institution, and considering the progress that has been made in the fulfillment of the great purposes for which it was designed. The retrospect presented is certainly a very encouraging and pleasant one. Of its success as a hospital for the treatment of the insane, its annual statistics have given the fullest evidence; and its entire history, from its organization to the present



time, is marked by a most liberal and enlightened support, and a warm and active sympathy. "From its opening in December, 1847, the gifts of one kind or another which the hospital has received may be estimated at \$39,371. Of this amount, \$36,577 have been contributed by trustees."

In concluding this retrospect, Dr. Ray remarks :

"In those duties and services which constitute the direct management of the insane, we would fain hope that these ten years have witnessed some advance, though necessarily not so palpable as those material improvements already described. It is not easy to convey a very definite idea of what this advance consists in. We lay no claim to discoveries or innovations; we have failed to see the humanity or wisdom of dispensing entirely with seclusion or restraint; in short, we have found no royal road to the great end and object of our labors. We have sought for improvement in a very different direction, by making the law of kindness and gentleness an all-pervading, all-controlling spirit; by multiplying the inducements to fidelity; by strengthening the habit of vigilance and forecast; by holding up the sacredness of the trust implied in the care of helpless and afflicted fellow-men; by developing a tone of feeling more effective than rules for preventing improprieties: by raising the standard of all those qualities which the service should display; and so ordering it, in short, as to make it productive of all the comfort and amelioration which may depend upon it. Such, I apprehend, is the direction in which all true progress leads; and the character of the result is to be determined, not by amateur writers on insanity, but by those who have been much conversant with the disease, and are capable of profiting by their observations."

The annual statistics as presented in the annexed table compare very favorably with those of previous years.

	Males.	Females.	Total.
Remaining Dec. 31st, 1856,.....	69	73	142
Admitted during the year,.....	21	16	37
	<hr/>	<hr/>	<hr/>
Whole number treated,.....	90	89	179
	<hr/>	<hr/>	<hr/>
Discharged, recovered,.....			15
"    improved,.....			10
"    Not improved,.....			4
Died,.....			10
	<hr/>	<hr/>	<hr/>
Total discharged,.....	23	16	39
	<hr/>	<hr/>	<hr/>
Remaining, Dec. 31st, 1857,.....	67	73	140

6. In the thirty-third and thirty-fourth annual reports of the Retreat at Hartford, Dr. Butler presents, as usual, much interesting and valuable information. The mode of tabulating the statistics, and appending to each class those of previous years, is very convenient, and worthy of adoption elsewhere. Whatever may be said pro or con, statistics, however imperfect, will always continue to be of value, even to the most prejudiced anti-statistician. The fact that they sometimes convey wrong impressions, and are not in every respect all they might be, is no argument against their proper use, and no reason why their teachings should be entirely discarded.

What we can say here will probably avail but little either way, but we feel that much might be gained, and that nothing could be lost, by their more general and uniform presentation in all our annual reports. A legislator in a neighboring state, to whose efforts a liberal appropriation for the care and provision of its insane is mainly due, attributes his success in a great measure to the use of a single copy of Dr. Butler's report for 1853. The curability of the disease, the permanency of the cure in a large majority of cases, and the measure of comfort which can be assured to even the most wretched was made apparent. That it recognizes neither age nor sex, and knows no distinction between the rich and the poor, the learned and the unlearned ; and that all, from the man high in authority to the humblest citizen in the state, had a special and personal interest in the asylum, was made equally apparent. The necessity of cultivated professional skill in its management was shown by the table of diseases proving fatal, and the spirit which should preside over such institutions, the general character of the attendants, and the manner of caring for the insane, was forcibly illustrated by quotations from the chaplain's report, and from a copy of the rules and regulations of the institution, printed at its close. This document was the only one referred to ; it formed the basis of the appeal, and by its tables supported the facts presented.

The tables of age, sex, causes, results of treatment, occupation, &c., aside from their professional value, convey to the masses, information which can reach them as well in no other way. In prepar-



ing their annual reports, medical officers of institutions for the insane should remember that many copies are read with a painful interest in circles for the first time invaded by this dire affliction, and that large numbers of each successive edition find their way to the hands of hundreds to whom the entire subject is a new one.

For the sake of convenience we have arranged the results of treatment for the two years in one table.

	Males.	Females.	Total.
Remaining April 1st, 1856, .....	98	99	197
Admitted during the two years, .....	140	165	205
Whole number treated, .....	238	264	402
Discharged, recovered, .....	50	69	119
"    much improved, .....	23	27	50
"    improved, .....	18	14	32
"    not improved, .....	34	30	64
Died, .....	11	18	29
Total discharged, .....	136	158	294
Remaining, April 1st, 1858, ....	102	106	208

The percentage of deaths during the former of the two years was 3.91, being the lowest for seventeen years. The deaths are attributed to exhaustion in ten cases ; to general debility, and phthisis, each in three ; to general paralysis, suicide, and diarrhea, each in two ; to pneumonia, paralysis, marasmus, disease of stomach, disease of brain, catalepsy, and epilepsy, each in one case.

In referring to the architectural improvements during the past year, whereby the original plan of the institution has been completed, Dr. Butler remarks :

"It perfects, as we think, our classification, and makes our architectural arrangements most pleasant and effective. The new buildings north and south, being now connected by covered corridors, bring the whole building under one roof. The different halls are now designated either numerically or by some pleasant distinctive appellation.

"There are many objections, as well as an obvious impropriety in designating as 'Lodges,' or 'Strong-rooms,' any department of a lunatic hospital, especially where as in our case, these rooms which have at large expense been constructed for the noisy and excitable,

are confessedly among the most pleasant and cheerful of the institution. Strange as it may seem, there still lingers in the public mind an impression that there is attached to this, as well as to all other lunatic hospitals, a class of rooms for violent patients, akin to the old-fashioned dungeon in their construction and arrangements. We learn this from the extraordinary inquiries occasionally made of us. These apartments are a conclusive answer. The comfort and enjoyment afforded by them, the respect paid to the pictures, &c., by which they are ornamented, with the general effect that the whole arrangements produce in the minds of all the patients, especially of the convalescent, are a satisfactory comment upon the wisdom and liberality of their construction.” M.

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*Epilepsy and other Convulsive Affections: their Pathology and Treatment.* By CHARLES B. RADCLIFFE, M. D., Physician to the Westminster Hospital, &c. Second edition. London: John Churchill, 1858.

THE chief value of this book to the profession will be found no doubt in another direction than that indicated by the special purpose of its author, which is to supply a new theory of muscular motion. To that department of physiology which discusses the ultimate facts of organization, and includes the vital, electrical, chemical, and mechanical theories of life, the attention of but the select few in medicine can be gained. Full one half the work is of this character, and in regard to this part we shall limit ourselves to a statement of the new theory proposed. It is, that simple molecular contraction is the true muscular force, and that the muscular fibre is not contracted by the various mechanical, chemical and other agents generally believed to produce the result, but that these cause relaxation, or elongation. To establish and apply this theory the author advances the following propositions:

“1. That muscular contraction is *not* produced by the stimulation of any property of contractility belonging to muscle.

“3. That muscular elongation is produced by the simple physical action of certain agents, electricity and others, and that muscular contraction is the simple physical consequence of the cessation of this action.



“3. That the special muscular movements which are concerned in carrying on the circulation—the rhythm of the heart, and the movements of the vessels which are independent of the heart—are susceptible of a physical explanation when they are interpreted upon this view of muscular action.”

The reasoning of Dr. R., in the support of his theory, is, we are bound to say, specious and well sustained, though to us by no means satisfactory. It is not easy to give a fair and sufficient abstract of the arguments advanced, and we must leave it with our readers to gather them from a careful perusal of the book.

Leaving then the extended preliminary discussion, we come to the consideration of “Epilepsy and other Convulsive Affections.”

Two dispositions which distinguish, severally, the general and special practitioners in medicine, are well illustrated in the views which are constantly being advanced from both these classes regarding epilepsy. The one is to associate, under some convenient term, with a form of disease concerning which something is settled in regard to its pathology and treatment other obscure affections having a few traits in common with the one whose name is adopted for the whole. The other and opposite tendency is to sift out, and set apart with proper descriptive names, so soon as their pathology has been determined, the numerous cases that have been aggregated; thus gradually encroaching upon the indefinite, general term, and clearing the way for the easier study of its more obscure divisions. By the former mode the theory and practice of medicine are made to seem comparatively simple and perfect. Thus the general physician who is called to prescribe in a case of “fits,” and the surgeon who is consulted in a case of paralysis, finding the one a sudden loss of consciousness, the other a paralysis without evidences of lesion, diagnose epilepsy. Medical text-books, and articles for encyclopedias, are written from this point of view, and define epilepsy by the description of a fit which may depend upon cerebral or renal disease, upon hypertrophy or atrophy, hyperemia or anemia, irritation or exhaustion. It is hardly necessary to add that little aid to progress in the pathology and treatment of epilepsy or other disease can be expected from this method.

Dr. R. has evidently made the study of epilepsy one of the most special inquiry and careful observation. In whatever relations they may be placed in the text, we are sure that the practical study of convulsive affections was with the author prior to his theory of muscular motion, and its corresponding pathology. The introduction to this part, including the divisions of the subject, is so just and admirable that we give it in full.

“Epilepsy is at once the great type of convulsive disorders, and the key to their interpretation. Epilepsy, however, is a name which indicates much less than it did formerly. Thus, it does not indicate the epileptiform convulsion which is connected with certain positive diseases of the brain, with fever, with certain suppressed excretions, with “irritation” in the gums and elsewhere, or with the moribund state; and it is difficult to say what it does indicate, for as our diagnosis gains in exactness, epilepsy changes more and more from a special malady into a mere symptom. At the same time, it is, and, in all probability, it always will be, convenient to take an ideal type of epilepsy and regard it as a special malady, for there are, and ever must be, numberless cases in which, in their earlier stages at least, it will be very difficult, if not impossible, to recognize the disease of which the convulsion is merely a symptom.

“Passing from this ideal form of epilepsy to the consideration of the actual disorders in which muscular contraction is in excess, it is found that these disorders may be conveniently divided into three categories, of which the distinctive signs are—tremor, convulsion, and spasm; but it must not be forgotten that such division is purely arbitrary, and that spasm, convulsion, and tremor, are continually occurring in the same case, and at the same time.

“The first category, in which the muscular disturbance takes the form of tremor, is that which includes the tremors of delicate and aged persons, of paralysis agitans, of delirium tremens, the rigors and subsultus of fevers, as well as the tremblings of slow mercurial poisoning.

“The second category, in which convulsion is the distinctive feature of the muscular disturbance, may be divided into two sections by the absence or presence of consciousness during the convulsions. Where the consciousness is present, the convulsion may be called *simple*; where the consciousness is absent, it is *epileptiform*. Simple convulsion is that which is met with in the state called hysteria, in chorea, and in those strange affections which take an intermediate position between the two, as the dance of St. Vitus and St. John, tarantism, and other affections of the kind. Epileptiform convulsion includes the convulsions connected with certain diseases of the brain,



—chronic softening, chronic meningitis, tumour, induration, hypertrophy, atrophy, congestion, apoplexy, inflammation—with fever, with certain suppressed excretions, with “irritation” in the gums and elsewhere, and with the moribund state.

“The third category, in which prolonged muscular contraction or spasm is the distinctive state, includes catalepsy, tetanus, cholera, hydrophobia, ergotism, the rigidity of cerebral paralysis, the spasm connected with certain diseases of the spinal cord, and some other spasms of a minor character.

“The several chapters, as suggested by the previous considerations, will be—Chapter 1, Of Simple Epilepsy; Chapter 2, Of Tremor; Chapter 3, Of Simple Convulsion; Chapter 4, Of Eleptiform Convulsion; Chapter 5, Of Spasm.”

The remarks which follow upon the general history of the epileptic, and that of the paroxysm are critical and accurate. The profound influence of heredity in the production of this disease is noticed in the consideration of its causes. Little new is added in regard to the latter. As is now generally and practically acknowledged, the proximate causes of epilepsy are found in the conditions of irritation and exhaustion. These are here carefully examined and estimated.

In the restricted sense in which the term is used, the *post-mortem* appearances in epilepsy can not be of great importance. The lesions found in cases of death from epileptiform convulsions are, however, considered at length, in their proper place. If even here we find not much that is original except the classification, yet this will be reckoned of no small importance by the student in the same special but wide and attractive field.

The pathology of convulsive disease, to which so much space is devoted, and which is based upon the author's theory of muscular action, we can not here discuss. We can certainly say, that upon pathological views which seem to us less fanciful than these, have been founded systems of treatment far from being so rational and promising. In this respect the author's practical experience has again no doubt been before his speculations. Of the various stimulants and tonics which have been recommended as specifics for centuries past, he either doubts their usefulness, or ascribes it to their

general tonic effect. Thus he prefers the salts of iron and steel to those of zinc, copper, silver, mercury, &c. He has also found much benefit from the use of quinine, the volatile oils, and the ethers. But the greatest importance is attached by the author to careful hygienic regulations to be adopted early in the disease, and rigidly enforced through long periods of apparent convalescence. This would seem to be the general voice of the profession. In the last yearly convention of Superintendents of American Asylums, comprising a large amount of intelligent experience of epileptic cases, a decided preference for hygienic means in the treatment of the disease was manifested. The popular instinct for the consumption of drugs has only to be overcome to render these of the greatest effect against a terrible malady.

Epileptiform convulsion is of course regarded, not as a disease to be treated, but as a symptom to be interpreted. The advantages of studying the whole subject under the divisions adopted by the author are nowhere so apparent as at this point. Here, also, we best recognize the learning and the capacity for observation brought to bear in this work. It is to be considered that to point out the functional and organic lesions from which epileptiform seizures proceed, is greatly to contract the importance of epilepsy, now so broad a shield for ignorance in pathology, and so fertile a source of empiricism in treatment. This is very fully though concisely done in as perfect a manner, as the present state of our knowledge will permit.

In the treatment directed to the various conditions which give rise to this form of convulsions, as well as those in simple convulsions, tremor, and spasm, Dr. R. is firm though moderate in discarding all antiphlogistic means. Whatever may be the real merit of the pathology which justifies this practice, the use of depressing agents in these diseases can not be too often reprobated. It is still, as we have frequent occasion to observe, the error of a large class of medical practitioners.



## S U M M A R Y .

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REMISSIONS IN THE PROGRESS OF GENERAL PARALYSIS.—By Dr. SAUZE, Adjunct Physician to the Asylum for the Insane, at Marseilles. M. Sauze begins by observing : “ The study of the remissions which occur in the progress of General Paralysis forms not the least interesting chapter in the history of this disease. It is not surprising, indeed, in an affection which involves such serious derangements in the cerebral organ, to find produced such palpable ameliorations, that one might be led to believe that a veritable cure had been effected, were it not that every day’s experience teaches us, that what we observe is only a suspension, more or less protracted, and that the paralysis will resume, sooner or later, its fatal march ? Have we not heard psychologists themselves announce in good faith that they had cured cases of Paralytic Dementia ? However this may be, the fact has no longer need of demonstration.”

The writer claims no originality for his observations, for Calmeil and Bayle had already recorded instances of this occurrence. But the subject had not received a due consideration, until Baillarger, in the “ Union Medicale” for 1855, called attention to it in its medico-legal bearings, in a paper intended as the commencement of a series, which unfortunately was not continued.

In this paper, M. B. had given an analysis of seven cases of remission recorded by the above-named authors, and had established, through these and through his own observations, the fact, upon which also M. Sauze lays great stress, that these remissions, however differing in their details in the different cases, *always involve an enfeeblement, more or less marked, of the mental powers*, which constitutes the chief point in the medico-legal view of the subject.

M. Sauze gives three cases, from his own experience, as typical of three different classes, and concludes the relation as follows :

“If we seek to resume what has gone before, we arrive at this conclusion,—that the remissions in General Paralysis may be divided into three categories. In one, the signs of paralysis are seen to disappear entirely while the dementia persists. In the second, the intelligence seems to return more nearly to the normal condition, but the paralysis remains in an appreciable degree. Lastly, in the third case, the two orders of symptoms improve equally, and yet continue to a slight extent perceptible. In other words, it is sometimes the paralysis and sometimes the dementia, which diminishes or recedes, and sometimes, on the other hand, there is a simultaneous amendment in both paralysis and dementia.

“All the cases of remission may be ranged under one or other of these three heads. It will be easily understood, however, that a multitude of intermediate cases occur, of less defined outline, borrowing from one or more of these divisions the pathological elements peculiar to either. \* \* If in reviewing the facts we have just mentioned, we seek to characterise them in a general manner, we shall see, that in all the remissions which occur in the progress of General Paralysis, we establish an enfeeblement, more or less marked, of the intellectual faculties. This is the common characteristic they present, and one which never fails. Often difficult to appreciate for physicians who are strangers to the study of mental disease, it never escapes the sagacious and experienced observer. From the fact that a patient appears to recover perfectly, that his memory is unimpaired, or that he has sufficient intelligence to bear himself well in society, we must not hasten to conclude that he is cured, that his intellect is sound and has suffered no alteration. Search carefully all the recesses of the moral and intellectual nature ; above all, (and this is the true test by which we are to be guided,) compare the present with the former state of his intelligence ; you will then invariably detect a difference. This man, who, previously to his attack, was active and intelligent, who labored long and earnestly, has now become apathetic. He grasps with difficulty things which before he comprehended at a glance. His head is easily fatigued, and his brain is incapable of sustaining a long and continued labor. It is with difficulty that he continues his former occupations, and it is impossible for him to originate new ones. His physiognomy moreover, betrays the intellectual decadence. It is lifeless and without expression. Passing from the intellectual to the moral characteristics, we find the same changes. The character in general has lost force. The patient often manifests towards his family unwonted evidences of affection. For the slightest cause he weeps ; he acquires sedentary habits, and occupies himself with trifles. His opinion on any subject changes each moment on the slightest observation made to him, he is easily intimidated, and in his weakness readily persuaded to do what his conscience once recoiled from. Under this condi-



tion, we sometimes see individuals, formerly addicted to the pursuit of pleasure, all of a sudden leading an exemplary life, and devoting themselves inordinately to religious observances, to the great satisfaction of their families, who cannot see in this sudden change the unfailing sign of intellectual decay. \* \* \*

“In the physical condition of these patients, it is likewise easy for the practiced physician to detect those signs which attest the persistence of the cerebral affection. Thus, it is not rare, as I have already remarked, to observe a certain degree of somnolence. At times these patients complain still of headache and passing vertigo. The face is sometimes injected. In a word, from time to time we see manifesting itself by symptoms still appreciable, though of little gravity, this process of slow congestion which characterizes general paralysis.”

The intellectual perversion, though invariably present, is not always of this low tone. M. Baillarger, in the article mentioned above, and the author himself, present each a case, in which the remissions were characterized still to a certain extent by delirious fancies and exaltation of ideas.

The duration of these remissions is very variable. In a collection of twenty cases, M. Baillarger found that the recurrence took place, in one case in less than a month; in four cases, after six weeks or thereabouts, twice at the end of four months, twice at the end of six months, six times after one year, three times after eighteen months, and twice after a two year's interval.

“As to the anatomical changes which accompany these remissions, it is difficult to arrive at any precise conclusion. Indeed, autopsies at this period of the disease are very rare. However, if we consider that the exacerbations of the disease are usually the consequence of accidents of congestion, is it not reasonable to suppose that these remissions are due to a diminution of that low degree of inflammation, which constitutes the pathology of general paralysis? It is probable that in these cases the congestion of the brain and membranes has diminished; in general too there is observed a disappearance of the injection of the face, the headache, and all the signs of cerebral congestion. The pulse also becomes slower.”

Concerning the difference of anatomical change on which may be supposed to depend the different types of remission, as described above, the writer regards this as a question demanding investigation.

“Of the two orders of phenomena which characterize General

Paralysis, the dementia and the lesions of motion, how does it happen that in a given case one shall disappear rather than the other, seeing that we are in the habit of ascribing both to the same cause? However this may be, the existence of these facts is a most cogent argument against the position sometimes advanced, that the lesions of the encephalon in General Paralysis correspond only with the disorders of motion. If this were true, we should never see at the same time the signs of paralysis disappear and the dementia persist. Now observation teaches us that the intellectual disturbances, quite as much as those of the muscular system, are connected with alterations in the brain and its membranes."

A case is here given which sustains this view.

The medico-legal deductions from the facts elicited in the memoir are thus set forth.

"When we consider the feebleness of will which characterizes these patients, the facility with which they change their resolutions, we can not but see what disastrous results might flow from their restoration to liberty and the conduct of their affairs. It is the duty of the physician to resist all solicitations to this effect. Indeed this course is most necessary with reference to the patient's health. Once out of the asylum, they become greatly exposed to relapse, and it is very difficult to exercise over their conduct the necessary watchfulness, to protect them from the new causes of excitement. \* \*

As to entrusting such persons with the charge of their own affairs, no one could seriously think of it. We have seen how little apt they are for any continuous labor; with what readiness they contract engagements hurtful to their interests. They no longer possess freedom of will; in fact, they are in the very condition the law contemplates in its prohibitions. \* \*

"To a patient who presents this intellectual debility, may we concede the capacity to *make a will*? My opinion is that we may not, and that in such a case the testamentary faculty is, in a medico-legal point of view, entirely abolished. Here again we have experience in confirmation of our opinion; how many such persons have we seen again and again revising their bequests, according to the various influences brought to bear upon them!"

The writer sums up as follows his conclusions on the subjects discussed in the memoir.

"1st. The remissions observed in the progress of General Paralysis may present themselves under three principal forms.

"2d. In the first form, the signs of paralysis entirely disappear, while the dementia remains.



“ 3d. The second form, on the other hand, is marked by the persistence of the signs of paralysis, and by the apparent absence of mental enfeeblement.

“ 4th. The simultaneous amendment in both dementia and paralysis constitutes the third form.

“ 5th. Outside of these three principal forms, remissions are sometimes met with, to which it would be difficult to assign their precise position in the pathological scale.

“ 6th. In every case of remission, whatever the dominant form, one common symptom is met with, an enfeeblement, more or less marked, of the intellectual and moral faculties.

“ 7th. This dementia is sometimes difficult to recognize, but it never fails, and can not escape the physician who knows how to look for its symptoms.

“ 8th. In some less fortunate cases, not only do we find a certain degree of dementia, but there remain besides some delirious fancies, some exaltation of ideas.

“ 9th. These patients being in a state of dementia, their freedom of will is impaired.

“ 10th. They should not be held responsible for crime or misdemeanor.

“ 11th. They are not competent either to control their property, or to make a will.

“ 12th. Their isolation, in an asylum even, is a measure favorable to their health.”

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CONNECTION OF *PENICILLUM GLAUCUM*, WITH NERVOUS TROUBLES. —Dr. Alonzo Clark next followed, with some very interesting remarks upon the connection of the deposit of the *penicillum glaucum* in the urine, with certain nervous troubles. He said: Within the last year it is known to some members of the Society, that his attention has been a good deal directed to the nervous condition of the system, associated with certain deposits, or certain productions in the urine. He is quite prepared, after having collected a pretty large number of cases, to make this general statement; that in many of the forms of nervous diseases, which have occasioned much anxiety and difficulty of diagnosis, the derangements are produced by a special poison, which, circulating in the blood, produces its effects, first upon the nutritive system, (if he may be allowed to call the ganglionic by that name,) and secondarily, upon the voluntary or reflex system. It is with reference to that point that he proposes to occupy a few minutes.

It is now perhaps fifteen years since Golding Bird first called the attention of the profession to the influence of the oxalic diathesis—

that is to say, to those symptoms that seem to have some connection with the presence of oxalate of lime in the urine. In the last edition (1853) of his work, he makes a distinction ; he divides oxaluria into two classes, one in which there is oxalate of lime, without an increase of the extractive matter ; the other where the oxalate of lime exists, with an increase of the extractive matter. He (Dr. C.) is prepared to add another class, that in which the extractive matter exists without the oxalate of lime.

The only novelty that he has to present in these cases is, that the extractive matter seems to be of an animal character—that is to say, it is in no manner connected with the solution of the constituents of the urine.

It seems to him to be the result of imperfect disassimilation, (if he may be allowed the use of a double negative.) So far as his knowledge extends, this extractive matter has more the character of gelatine than of albumen.

The urine containing it does not coagulate by heat or nitric acid ; in fact, it presents none of the recognized tests for albumen. It has, however, a test of its own, one furnished by nature. It produces for a certain length of time, varying from one day to one week, food for the commonest form of mold—the *penicillum glaucum*. It occurs in spores, these germinate like the spores of the *torulæ* by little buds set off from one extremity. By and by some are observed to extend themselves into the stem, which is known by a proper name. This rises to the top of the water and there grows into little branches, and on the top of the water finally germinates again. This variety of production is found to grow on boots, cheese, and in a great many substances that contain animal matter. The production of this *penicillum glaucum* in the urine is the result of some imperfectly decomposed animal matter. In all the cases where this production is found, there are some unnatural conditions of the nervous system.

In a patient, for example, of Dr. Stelle, who had hysteria, a young woman of 20 years of age, who suffered from violent pains and feeling weak and uncomfortable, had a disposition to sleep, and slept for several hours. The examination of the urine disclosed a vast amount of *penicillum glaucum*, and it also contained an abundance of oxalate of lime. These two substances go together in nine cases in every ten in which either occurs. Then it is again without ; then a very small proportion in which the *penicillum glaucum* will be produced, and yet there will be no disposition to the formation of the oxalate of lime.

Dr. C. then referred to a case of Dr. Van Buren, in which the most extraordinary symptoms presented themselves. One day the patient would be singing, cheerful and sprightly, the next she would be morose and sullen. One day she would have severe pains through her chest, then through her stomach, when she would vomit consid-



erably. At one time she would be all watchfulness, and then again do nothing but sleep. Her urine was examined, and found to be heavily loaded with oxalate of lime. During one week in the morning there would be an abundance of *penicillum glaucum*, while in the evening there would be present *torulæ*. The next week the reverse would be the case, in the morning urine the *torulæ* would exist, and in the evening the *penicillum glaucum* would be present, indicating the existence of undecomposed animal matter in the urine. A common symptom connected with this disease is dizziness; a rare condition, is depression of the pulse.

A woman came into the hospital a few months ago, whose history was this: She had been at her work as usual, when she suddenly became so dizzy that she could not stand. At the time she came in her pulse was 52, and did not rise above that for several days, yet she was up and walking about, and had the look of a person in pretty good health. Her urine was found to contain oxalate of lime, and in twenty-four afterwards there was an abundance of the spores of the *penicillum glaucum*. She remained about the hospital for a little time, became a little insane, and seized an opportunity to throw herself into the river.

In another instance, a patient of Dr. Hall, a butcher, doing business near here, a stout healthy-looking man, had been troubled with dizziness; this increased to such an extent as to give him great anxiety. There was no evidence of any cerebral disease, but there was found an abundance of oxalate of lime, and the *penicillum glaucum* made their appearance after a few days' keeping. Dizziness is common, but by no means constant.

Almost any nervous derangement that can not be accounted for by a reference to known pathology, subjects itself to the suspicion of being produced by this certain something circulating in the blood, acting as a poison to the nervous system.

The cases in which this particular state of things exists turn out to be very numerous. He sees a case almost every day in which this oxaluria exists. In almost all of them there is that capability to produce the *penicillum glaucum*.

In regard to the mode of managing these cases so as to relieve patients from their sufferings, which are for the most part very intense. Many indeed have told him that life was not worth having at such a cost, and are very sorry to hear that the disease is not likely to prove fatal. This was particularly true of a gentleman from Cincinnati, in whom this particular diathesis was more marked than any male that has come under my notice. It is gradually wearing him out.

It does not seem to him that Bird's plan is the best. It will not cure in the majority of cases. As for treatment he will not give any;

the remarks already made are in relation to the production of the *penicillum glaucum*, the causes and the symptoms connected with it.

There are two or three theories in regard to the mode in which oxalate of lime is produced. The chemical constitution of carbonic oxide gas is such that when a certain amount of oxygen is added it becomes carbonic acid gas. One theory is, that it is produced because in this instance the carbonaceous materials are not completely disassimilated, and that the oxygen is not appropriated in sufficient quantities to make the combustion complete; and to get rid of the oxalic acid, and consequently the oxalate of lime, it is necessary that there should be a certain amount of oxygen added to the decomposing material. Another theory is, that it is incompletely formed uric acid. He had no opinion about it. In regard to it further enquiry is necessary. The main point that he had in view was to find a solution of the vast number of diseases which we have been accustomed to denominate hysteria, gastric derangement, &c., that really the "head and front of the offending" is in this substance, remaining in the circulation, serving as a poison to the nervous system precisely as urea does under other circumstances. The manifestations of the two substances are different. He may here remark that urea generally exists in a large proportion in these cases. The specific gravity of the urine is very high.

Another remarkable thing is the fact that the more abundant the *penicillum glaucum* is, the more reluctant is it to undergo the ammoniacal changes. There are specimens of this urine on his table, which have retained their acidity for two or three weeks. This is not true of any other urine except that which contains sugar.—*Proceedings of the New York Pathological Society*.—*American Medical Monthly*.

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SOFTENING OF THE BRAIN.—Since the theory of inflammation has been detached from a large share of the morbid changes occurring within the cranium, that of softening, under the common affectation of "ramollissement," has been generally, and somewhat loosely adopted. This fact is brought to the notice especially of the medical officers of institutions for the insane. Cases of primary dementia, even when plainly connected with some excessive vice, some strongly-marked diathesis, malarial disease, or other source of exhaustion or depravation, and cases of general paralysis in its earlier stages are those in which softening is most commonly diagnosed. Now, it is



certainly not one of the least curious of the mysteries of brain-disease that true softening has so seldom been found in cases of insanity and general paralysis. Each of the other common forms of cerebral lesion, congestion, atrophy, hardening, etc., is more frequently found in persons dying demented, or from general paralysis, than either variety of softening.

In a late number of the *Dublin Hospital Gazette* is reported a clinical lecture, "On the Value of Tonic Treatment in some Diseases of the Brain, more especially cases of Ramollissement," by Fred. C. Skey, Esq., Surgeon to St. Bartholomew's Hospital, etc. It is in the ultra-practical style, fashionable with the magnates of hospital clinics, and which is such a welcome change to the student from the dry theorising of the lecture-room. Is it not worthy of inquiry, however, to what extent the loose pathological views of cerebral affections, above referred to, are owing to this style of medical teaching carried to excess? Dr. Skey describes ramollissement, and cites an illustrative case, as follows :

"All I pretend to know or to tell you is that the disease, as we see it, begins insidiously by loss of muscular power, and it occurs most frequently in men about the middle period of life; the gait or walk of such a person is unsteady, and it seems natural to ask a surgeon what may be the cause of this unsteadiness or irregularity. A banker or a banker's clerk finds his style of writing changes; he has power, *quoad* power, he can use a dumb-bell, but he can not regulate this power so as to write a letter, as he previously had done; his urinary system becomes affected, and his urine dribbles away, and even the rectum, from forgetfulness on the part of the patient, becomes partly paralytic; there is loss of memory or incoherence of ideas; small eccentricities appear. This man will spell some words badly; these are signs of recent cases; there is little or no implication of the reasoning powers, at least to any extent, but the loss of power, as in handling a pen to write, is most peculiar, as well as the irregularity of spelling of monosyllables badly or backwards in what is written. But if you wish for a more minute description of the disease, you will find it in the works of Rostan and others. Now these cases are common; this train of symptoms occurs in men who have undergone long anxiety in business, or otherwise; men of Parliament or the Stock Exchange, whose "all" may sometimes depend on some bold speculation, or on some cargo of goods at sea, or the like; or this disease will occur in men who have

had exhausting fevers or other maladies ; or again, in the case of a man who rides with hounds five days a week, four hundred miles a week, and it may be, drinks wine, eats very little, marries late in life, suffers from venereal exhaustion !—his nervous system becomes ‘broken down,’ as it is called. What is the condition of the brain then ? Is it a condition of excess of vascular or vital force, or the opposite ? \* \* \*

“ Well, then, so much for that ; now for a case of “ramollissement,” as it is called. About two years ago a physician called on me ; he said, ‘you are wanted down to So-and-so (150 miles in the country),. Mr. So-and-so (a rich country nobleman) has forced a catheter through his urethra ; the poor gentleman has got “ramollissement,” you know that we are not so uneasy about ; that is incurable of course ; if you can do anything for it, well and good ; but his faculties are completely gone.’ Well, to make a rather long story short, Sir B. Brodie and I saw him, and a fortnight after he came up to town, to his residence in Belgrave Square, and I had nearly the entire management of the case.

“ It is exactly in this sphere of life, of rich noblemen, merchants, or political men in the fashionable West-end squares, that we can alone catch glimpses of these two opposites—viz., the excess of high living, and the excess of sangrado bleedings and starvation, or low living of us, the doctors ! Many of these are probably ‘heart disease,’ and a patient dies of a fainting fit, called weak brain, but it is weak heart ! Well, the more I came to look at this case of this gentleman, the more I said to myself, the man is dying of exhaustion ; I noticed he was better after dinner ; I heard that he had had convulsions ; this did not frighten me. \* \* \*

“ But to go on with the case ; I could not find that this gentleman had had any tonic treatment. I knew that if the brain be anæmic, it cannot go long in a normal manner, for nine out of ten cases of ‘ramollissement’ are due to anæmia ; so I decided to let him go back to his old mode of living. I gave him a pint of claret a day, that he was accustomed to, in place of water-gruel ! He seemed to improve on it. The ratiocinations of his friends did not come true that it would kill him, so we let him have also quinine and iron in place of leeches and water-gruel, and grey powder, antimony, and mind-ererus !

“ I studied the case for a short time ; there was a manifest improvement every week. I was called one day ; he was a little worse ; did I bleed him ? No : I increased his wine. Well, at the expiration of three months, that gentleman made a political speech that utterly astonished his constituents. He can now ride to the fox-hounds as well as ever he did, and in the changes and chances of Parliament has filled a very important place ; he is in fact to all intents and purposes cured !”



“Here, the symptoms detailed as belonging to ramollissement are precisely those of the early stage of general paralysis, and they are sometimes almost as well marked in functional disturbance from various causes of exhaustion, in which there can be no suspicion of true softening. The case detailed would seem to be one of the latter sort. Indeed, the lecturer is by no means certain, nor does he seem to wish to be, that it has any thing to do with ramollissement. As to the propriety of tonic treatment in such cases, and the necessity of enforcing this course in medical teaching, we suppose, however, there can be no mistake. The following are the conclusions of the lecturer on this point :

“I have had now nine or ten of these cases of ramollissement ; they all have had slow pulse—a condition always improved by tonics. The heart is perhaps at the root of the disease rather than the brain: some of these patients had alarming syncope—that is, heart, depend on it, not brain. I met Dr. Latham and Dr. Ferguson with one case, and we had a good deal to do to give force to the heart and pulse.

“Now, I do not want at all to say—that in some of these very cases we may not have had ‘ramollissement.’ I merely contend for the position, that leeches, oceans of physic, and starvation, are not the proper remedies. I will only say a few words relative to another case, which was seen by three of our ablest physicians in London ; two pronounced it ‘ramollissement,’ and the third ‘tubercle.’ I think tubercle in the brain is a very rare disease in adults ; this patient had excessively weak pulse ; he had married late in life, and in many other particulars he was the exact counterpart of the case already given ; he was rather forced on me as to treatment. I gave him wine and the ferro-citrate of quinine in large doses—a remedy I have great faith in. Well, in three months he was quite recovered. I have said already I do not believe this disease to be of the nature of inflammation ; with heat, pain, redness, swelling, etc., it strikes me as rather of the nature of gangrene, and as arising from anæmia, not hyperæmia.”

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TEMPERATURE IN THE DIAGNOSIS OF INSANITY.—Dr. Meyer considers observations of temperature in insane patients of very great use, as they aid the physician in determining whether there exists a direct disease of the brain, or whether the latter is affected merely

by reflex action from another organ. In the former case a corresponding change of temperature is observed; if the delirium is accompanied by elevation of temperature without remission, a direct irritation of the brain exists. In reflex alienations, however, this change of temperature does not take place; if the temperature rises in these cases, it indicates the occurrence of a complicated disease. These statements, the importance of which for the prognosis and therapeutics of mental diseases is very evident, the author proves by a condensed report of numerous cases, (mania, progressive paralysis.) As the peculiar character of insane patients does not permit a long continuance of the usual mode of observation, viz: by placing the thermometer in the axilla, he prefers to insert it into the rectum.—*Deutsche Klinik.*, 13, 1858; *Schmidt's Jahrbücher*, 6, 1853.—(*North American Medico-Chirurgical Review.*)

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INFLUENCE OF PREGNANCY AND DELIVERY UPON INSANITY.—M. Marcé thus concludes an interesting paper illustrated by cases. 1. We cannot too strongly protest against the practice of those physicians who advise or allow pregnancy in insane women, for it results from the facts mentioned in this paper that, in the great majority of cases, pregnancy and delivery, so far from exerting a favorable influence on insanity, seem, on the contrary, to hasten on the progress of the disease toward dementia. If in certain exceptional cases (2 in 16), pregnancy has suspended the progress of the disease, the improvement has been only temporary, and the insanity has reappeared after delivery. 2. In some few cases (4 in 16), remarkable especially for the predominance of erotic symptoms, pregnancy has exerted a baleful influence on the cure. When insanity becomes developed during pregnancy, it very often remains incurable, even after delivery, or is cured so long after that no influence can be attributed to the latter in the termination of the nervous affection. 4. Sometimes, however (3 in 10 cases,) the disease disappears after delivery, and these cases must be regarded as sympathetic. 5. Delivery in the insane is often remarkable for the slight amount, or even complete absence of pain.—*Annales Medico-Psychol.* tome iii. p. 359.—[*Med. Times and Gazette*, April 10, 1858.]

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ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE IN GREAT BRITAIN.—The last Annual Meeting of this Association took place at Edinburgh, July 28th, 1858. The



Association includes nearly two hundred members, and its meetings are well attended. On the present occasion, after the election of new members, &c., the session was opened with an excellent address by its retiring President, Dr. Forbes Winslow. Dr. Conolly, the President-elect, also delivered an appropriate address, and papers were read by Dr. H. Tuke, on the Diagnosis of General Paralysis, Dr. Davey, on the Relations between Crime and Insanity, and by Dr. J. E. Huxley, on the existing Relations between the Lunacy Commission and Medical Superintendents of Public Asylums. One act of the Association was to appoint a committee to watch the progress of legislation in lunacy. An Annual Dinner, and a visit to the Morning-Side Asylum, concluded the meeting. The next is to take place at Dublin, in July, 1859:

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CRANIOGRAPHY.—This important division of one of the grandest attempts of modern science, the natural history of man, is brought to our notice in a pamphlet entitled, “*Hints to Craniographers*,” by Jas. Aitken Meigs, M. D., librarian of the Academy of Natural Sciences, Philadelphia, Pa. Its object is to facilitate communication between individuals and associations interested in this science by enlisting the services of medical and other journals in behalf of some systematic arrangement for the purpose. The matter is eminently worthy the attention requested to it. Communications may be addressed to Dr. M. as above.

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RESIGNATION.—Dr. S. Annan has resigned the position of Superintendent of the Western Lunatic Asylum, at Hopkinsville, Ky.

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APPOINTMENT.—Dr. O. C. Kendrick has been appointed Superintendent of the Northern Lunatic Asylum, at Newburg, Ohio, in place of Dr. R. C. Hopkins, resigned.

## BOOKS AND PERIODICALS.

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Since our last issue the following publications have been received in exchange, or otherwise.

Annual Report of the Board of Regents of the Smithsonian Institution, for the year 1857.

Transactions of the Medical Society of the State of New York, for the year 1858. Albany.

An Inaugural Dissertation on Strychnia. Presented to the Medical Faculty of McGill College, May 1st, 1858. By Alexander P. Reid. Montrast, 1858.

The Treatment of the Paralysis of Motion : By Chalres F. Taylor, A. M., M. D.

Hints to Craniographers : By J. Atkins Meigs, M. D. Philadelphia, 1858.

Thirtieth and Thirty-first Annual Reports of the Directors of James Murray's Royal Asylum for Lunatics, near Perth. 1857 and 1858. \*

Twenty-second Annual Report of the Officers of the Vermont Asylum for the Insane. August, 1858. Brattleboro, Vt.

Annual Report of the Trustees of the Eastern Dispensary, of the City of New York. New York, 1858.

## MEDICAL EXCHANGES.

Annales Médico-Psychologiques. Paris. (July and October, 1858.)

Revue Etrangère Médico-Chirurgicale. Paris. (October 16th, 1858.)

Bulletin de L'Académie Impériale de Médecine. Paris. (Vol. XXIII., No. 24, and Vol. XXIV., Nos. 1, 2, and 3.)

Archives des Sciences Physiques et Naturelles. Geneva. 1858. (June to October, inclusive.)

Journal de Médecine et de Chirurgie Pratiques. Paris. (Rec'd irregularly.)

Révue de Thérapeutique Médico-Chirurgicale. Paris. (Received irregularly.)

Gazette Médicale de Paris. Paris. (Rec'd of Vol. XIII., Nos. 1 to 9, incl.)

The Asylum Journal of Mental Science. London.

Dublin Medical Press. Dublin.



- Dublin Quarterly Journal of Medical Science. Dublin.  
 British and Foreign Medico-Chirurgical Review. London.  
 London Lancet. American reprint.  
 New Hampshire Journal of Medicine. Manchester, N. H.  
 New York Journal of Medicine. New York.  
 American Medical Monthly. New York. (No. 2, Vol. x., not received.)  
 American Medical Gazette. New York. (Nos. 3, 5, 8, 9, Vol. xx., not rec'd.)  
 The Scalpel. New York.  
 Buffalo Medical Journal. Buffalo, N. Y.  
 North American Medico-Chirurgical Review. Philadelphia.  
 Medical and Surgical Reporter. "  
 American Journal of Medical Sciences. "  
 Rankins' Half-Yearly Abstract. "  
 American Journal of Pharmacy. "  
 Journal of the Franklin Institute. "  
 Journal of Prison Discipline and Philanthropy. "  
 The Medical News and Library. "  
 Virginia Medical Journal. Richmond, Va.  
 Charleston Medical Journal and Review. Charleston, S. C.  
 Southern Medical and Surgical Journal. Augusta, Ga.  
 Atlanta Medical and Surgical Journal. Atlanta, Ga. (No. 1. Vol. III., not received.)  
 New Orleans Medical and Surgical Journal. New Orleans.  
 Pacific Medical and Surgical Journal. (Not received since April 1858.)  
 St. Louis Medical and Surgical Journal. (No. 3, Vol. XVI., not received.)  
 Iowa Medical Journal. Keokuk, Iowa. (Nos. 1 and 5, Vol. IV., not rec'd.)  
 Cincinnati Lancet and Observer. Cincinnati, Ohio.  
 Nashville Journal of Medicine and Surgery. Nashville, Tenn.  
 Chicago Medical Journal. Chicago, Ill.  
 Peninsular and Independent Medical Journal. Detroit, Mich.  
 Medical Chronicle. Montreal, Canada.  
 American Journal of Dental Science. Phil'a. (No. 1, Vol. VIII., not rec'd.)  
 Dental News Letter. Philadelphia. (No. 1. Vol. XI., not received.)  
 Oglethorpe Medical and Surgical Journal. Savannah, Ga.  
 Maine Medical and Surgical Reporter. Portland, Me. (No. 2, Vol. I., not received.)  
 American Veterinary Journal. Boston, Mass. (No. 8, Vol. III., not rec'd.)  
 Quarterly Summary of the Transactions of the College of Physicians of Philadelphia.  
 Nashville Monthly Record of Medical and Physical Science. Nashville, Tenn.  
 The Medical Journal of North Carolina. (No. 1, not received.)

# AMERICAN JOURNAL OF INSANITY.

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ESSAYS, CASES, AND SELECTIONS.

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MENTAL HYGIENE. BY GEORGE COOK, M. D., BRIGHAM  
HALL, CANANDAIGUA, N. Y.

[*Continued.*]

SOME of the unhealthy influences which surround American children, bending and dwarfing their moral and intellectual natures, and predisposing them to disease, are perhaps inseparable from the rapid growth, the immature and unsettled social and domestic life of a young and vigorous people. Of these it is not our purpose to speak, nor do they come within the scope of this article. But those violations of the most simple laws of healthy mental and moral development, which were briefly considered in the January number of the JOURNAL, and those remaining to be noticed, which were therein enumerated, are not necessarily the result of our national youth, neither have they been attributed, so far as we know, to that mysterious influence which politicians suppose to preside over our continent exclusively, and familiar to the popular ear as "manifest destiny." At present they are only christened by that other popular word, "progress," and are hailed by the superficial theorists who believe restraint in any form, and at any age, to be simply a relic



of ignorance and darkness, as one of the cheering indications of the approach of their fancied millennium of unbridled freedom.

Among the influences by which children should be surrounded, we give to those calculated to form and develop a strong love of home a prominent place. Enshrined in the heart of every child is this instinctive love, and upon it the heart of the strong man often leans in the hour of adversity and temptation, and finds succor and safety. It shields the young from innumerable moral contaminations, whose subtle poison penetrates the remotest laboratory of thought, embittering life's choicest blessings, perverting self-respect, impairing self-control, and strongly predisposing to mental disease. This love of home forms one of the strongest and safest elements in man's moral nature, and when present it exerts a powerful influence for good. When absent, or when replaced by indifference or contempt, the voyage of life loses one of its well-defined aims, and the healthy balance of the faculties is impaired.

The home training of American children, and our system of popular education, are not calculated to develop and strengthen this element of character. Do they not rather tend to weaken, pervert and destroy it? And just so far as this results from parental error and neglect, and a false system of education, whereby the young are cast off from home associations and freed from home influences and restraints, while at the same time they are exposed to the moral pollutions of street associates, or the equally corrupting practices and vices that find their way into many of our schools, academies, seminaries and colleges; just to that extent would we hold parents responsible for the depravity and disease to which their children so frequently fall victims. They do not "train them up in the way they should go," and have no right to consider themselves martyrs to "providential dispensations" when the fruit ripens, the seeds of which were scattered by their own hands. As well might they place their children in a frail boat and launch them upon the rapids of a mighty river, and when they sink beneath the rushing waters, turn away, consoling themselves with the reflection, "It is the Lord's doing," as to expose them to moral pollution during the years

in which they almost instinctively receive the thoughts of others, and imitate their actions whether good or evil, and then attribute the result to Providence.

It used to be considered a part of parental duty to guide and instruct the infant mind in its earliest years. Now the progressive spirit has exerted its power to banish such "old foggy" practices from genteel society, and these duties are too often turned over to nurses, or teachers of infant schools. These schools for very young children, who find no appropriate place at home, and whose parents are only too glad to rid themselves of a great trouble—to use the customary phrase—in such a convenient and popular way, are most prolific nurseries of imperfect mental and moral development, and subsequent disease. But in the present connection we simply desire to call attention to their influence upon our homes. The child thus early separated from home very quickly forms new ties and associations, often bad and demoralizing, and as he grows in years they increase in number and influence, and before he has reached his teens you may find him spending his evenings in the streets, a frequenter of saloons and bar-rooms, defying the parental control, which is only aroused when too late to save the victim of its own neglect. If by reason of some protecting influence these more palpable evils are averted, other and more remote results ensue, which, in their effect upon the health and life, are equally disastrous.

Especial care is taken by many parents to crush out this home-love from the hearts of their children. They seem to think that it is quite inconsistent with a firm and self-relying character, whereas the man who is destitute of it lacks one of the ennobling elements of a strong and true manhood. The children of such parents are banished to some fashionable or popular boarding-school at an early age, where the love of home is soon eradicated. They are subjected to a sort of hot-bed culture; they learn a little of every thing; most especially do they learn some things not found in the books. We would not be understood as reflecting upon teachers. They are governed by public sentiment, and should not be held responsible. But that most corrupting practices of secret vice, and a generally de-



praved tone of morals creep into many of our large schools, is beyond dispute. A smaller number of scholars under a more strict supervision at all hours would guard against this evil.

And by thus early severing the natural ties and removing the safeguards of home, the young are more exposed to the bad influences that everywhere abound in large communities; and when we remember how delicate and complex is the combination of faculties which we call mind, and its receptive nature in early life, it is not surprising that the germs of future disorders so frequently find an entrance.

To show the relations existing between the violations of this law and the subsequent demoralization and disease, we will give a few instances in illustration. It should be remembered that among the moral causes of insanity, which not unfrequently have their origin in early life, are shame, remorse, and other kindred depressing passions; and among the physical causes are unbalanced nervous development, vicious habits and indulgences, and some forms of physical disease, the result of licentious habits. The following case will serve to show the early origin of some of the phases of mental disorder.

In the wards of one of the asylums of our State, a few years since, might have been seen a man, beyond the meridian of life, of good physical strength and development. His features bore the impress of great mental suffering, for he was the victim of one of the most distressing forms of mental disease, and quite beyond all hope of recovery. He was married, had been actively and successfully engaged in business, and suddenly, without any other apparent cause than a trivial political excitement, had become violently insane. Such was the brief statement made by his friends. Political excitement and disappointment they thought caused his sudden derangement. His own revelations, made subsequently, and at a time when his mind for a little while partially regained its power, solved the apparent mystery. When quite young he was sent from home to a distant academy, where he was thrown among associates by whom he was taught habits of secret vice, which, in his youthful

ignorance and inexperience, he knew not to be wrong or injurious. This knowledge came too late to avert the threatened danger. After years of self-abuse he became conscious that his nervous vigor was giving way. His brain lost its power of clear and vigorous action, and his moral nature became sensitive, irritable and suspicious. Thus years passed on, bringing with them loss of self-respect, shame and remorse because of past error and present inability to obey the commands of his better judgment. These ever present companions, added to the other depressing and exhausting agencies, at length finished their destructive work, and reason was overthrown, never to be restored. The utter misery and hopelessness of his expression as he related to us these facts in his history, and implored that he might be permitted to die, can never pass from memory. From many lips and from many faces have we received the same sad story. Who shall say that, with parental care and watchfulness, with the home-love cherished during the perilous years of youth, when if ever the child should confidently trust in the parents, submitting every act to the parental judgment; who shall say that under such circumstances, shielded from early temptation, this man would not have been saved from the blight of insanity?

The cases of which the above is a type, are not of rare occurrence. We have met with them frequently, and are sorry to say that they are not confined to one sex, and that with few exceptions they come from the intelligent and educated classes of society.

Within the last ten years, there has been, we think, a marked increase in the number of cases of insanity occurring between the ages of eighteen and thirty years. Very frequently the causes are involved in some obscurity; the friends being either unable or unwilling to give the desired information. In some of these cases we have no doubt that a careful investigation would reveal remote causes connected with the early years of life. Doubtless some of them would in their essential features resemble the following case.

A young man, twenty-eight years of age, has had two attacks of mental derangement; the first occurring at the age of twenty-six years. The immediate exciting cause of both attacks was supposed



to have been intemperance. From early boyhood he had known very little of the restraining influence of home-affections; he was very early allowed the full degree of freedom of action and irresponsibility which is accorded to so many of the rising generation, the direct consequence being the formation of habits and associations destructive of health and reason. He is now an inmate of an asylum, a mere wreck of mental and moral manhood. To trace his life from the first link in the chain of disturbing causes down to the confirmed habits of intemperance and licentiousness which completed the overthrow of reason is no difficult task. Bearing in mind that in these early predisposing causes of insanity the first, like an entering wedge, opens the way for those that follow, and that it is difficult to arrest their progress, it is certainly of great importance that the danger should be fully appreciated, in order that the young may, as far as possible, be guarded from exposure to it.

We will give only one more brief sketch, illustrating another manner in which the morals are affected by the popular system of early boarding-school life. The public sentiment, which in various ways perverts and destroys the unity of homes, we repeat, is the primary cause of the evil. The present system of large boarding and day schools is simply in accordance with the universal laws of demand and supply. The schools exist and are popular because they supply a popular want. But it unfortunately happens in this, as in many other cases, that the popular mind demands the most unhealthy food. The correction of this false sentiment, and the introduction of one by which the training and education of the young shall be conducted with due regard to physiological and hygienic laws, will do more, we firmly believe, to lessen the burdens of society, and diminish human disease and suffering, than all the labors of all the reformers in the world. The following case is selected from a large number which have come within the range of our observation.

Some years ago a young lad of ten years was placed in one of our large academies. He was the son of wealthy parents, who had never given much of their time to his culture and training. Consequently he fell an easy prey to the temptations which met him in

his new sphere of life. Most readily did he learn all the evil within his reach. He quickly became an expert in cards, deception, dishonesty and falsehood—a successful trick being, in his estimation, more meritorious than a good lesson. Next followed intemperate and licentious conduct, and at the age of twenty-one, with a fair education, as the term is generally understood, he was totally unfit for any useful calling in life,—not even able to care for himself. His whole moral nature was corrupted, his intellect enfeebled, and no efforts on the part of friends to arrest his downward course were effectual. Worse than insanity is such a mental and moral development, and weighty is the responsibility resting somewhere for such a perversion of human life.

To show the extent to which the household ties are loosened among our people, it is only necessary to mark the large and increasing number who think “housekeeping”—note the idea of home implied by this word—a burden, and boarding a sort of nothing-to-do paradise; to observe how frequently and for what trivial reasons the old home associations of place, neighbors and kindred are rooted up and the family tree transplanted to some new and uncongenial soil; to travel upon our steamboats and railroads, and notice how perfectly at home is the vast crowd of American travelers in the midst of the bustle and excitement of the moving life around them. Converse with any ten of your young acquaintances, and it will be an exception to our experience if eight of the ten are not either ashamed to confess to a strong and controlling love of home, or ready to boast of their immunity from any such weak and unmanly affection; for so have they been taught to regard it. But we shall not attempt even an enumeration of the facts in our social life indicating the prevalence of this homeless influence. They are patent to the most superficial observer.

Is it surprising that many of the children reared under such influences should early find their way into the channels of depravity and disease? And when in after years some of them are found in the wards of our hospitals and asylums, there is very little room for doubt in regard to the causes that brought them there. Excepting



the hereditary transmission of a predisposition to the disease, we believe that this perversion of the instinctive love of home, in its direct and indirect influences upon the character, associations and life, is one of the most frequent predisposing causes of insanity. We are aware that some careful observers give to other and later influences the more prominent place in the extent and general prevalence of their deleterious effects upon the mental and moral development. It seems to us, however, that in a series of violations of hygienic laws, the first should not only rank the highest in the scale of influence, but should be held, to a certain degree, responsible for the results that may ensue. The opinion expressed above is the result of some observation, and we simply ask for it the careful examination of the reader. Believing that the evil alluded to is of great magnitude, we sincerely desire to see it give place to a more healthful public sentiment, which by its powerful influence shall restore the true home-love to the hearts of our people, and thereby purify and elevate the very sources of life and health.

In regard to the next hygienic rule to be considered, it can only be necessary to direct the attention to the innumerable vicissitudes of American life; the sudden acquisition and loss of fortune; the brilliant successes and overwhelming reverses to which we are peculiarly exposed, to realize the great importance, and health-preserving influences of fortitude, self-denial and self-control. And it would naturally be supposed that in training and educating the young, particular attention would be given to the development of these conservative powers. Do we err in saying that the system generally pursued tends to weaken them? It seems to us that the balance of popular favor is decidedly on the side of those progressionists who believe that the stern discipline so often necessary to develop these traits of character is unnecessary and cruel. Reckless ambition is stimulated, emulation is encouraged to excess, envy is furnished with abundant nutrition, and anger is only regarded as a becoming exhibition of spirit. The home and school life is often governed by the one idea of progress and speed. In short the whole moral and intellectual machinery is geared to the utmost velocity within the pos-

sible compass of strong powers of endurance, and a clear and unobstructed pathway in life. Consequently the weaker break down, and the strong sometimes dash against unseen obstacles with a shock that scatters the mind in disjointed fragments.

The engineer who should run a railway train sixty miles per hour, with no provision for checking the speed in case of accident, or on approaching some dangerous precipice, would be thought little better than a madman. How much more thoughtful and considerate is this high-pressure system of training and educating the young? And how many of them are strewn by the wayside of our railroad sort of life; worn out prematurely, broken and disabled in mind and body?

Disappointments, business reverses, the various trials and excitements so often experienced, are frequently the assigned causes of mental derangement. They are the most prominent and observable; but the absence of those qualities which give fortitude and endurance will, we think, be found to explain why these causes, so often encountered safely, do yet sometimes unsettle the reason. We therefore submit that it is quite as important in any plan of training and educating youth to secure these qualities, as it is to fill the mind with a given quantity of knowledge. Indeed, the first principle underlying all others is to secure health and safety, and to promote the well-being of all individual and social interests. It is because our present practices fail in so many instances to secure these results that we are led to conclude that they violate hygienic laws, and defeat their own purposes.

The too early cultivation of the mind, by disproportionately developing the brain and exciting the nervous system, is always injurious, and quite often lays the foundation for premature weakness and decay; it should therefore be carefully avoided. A foreigner, visiting American schools, often remarks upon the large number of pale, thoughtful faces that look up to him from the benches. They bear the impress of the precocious thoughts, passions and acquirements which are considered by their parents, and too often by their teachers as giving promise of a brilliant future. Alas, upon how frail a founda-



tion do they build their hopes ! The unfortunate infant prodigy is almost certain, either to fill an early grave, or sink into the obscurity of mental imbecility. At the present time some of these precocious infants are made to furnish amusement and entertainment to the discriminating public, who cheer and applaud the unnatural exhibition.

That much abused term “genius” is frequently misapplied to these poor victims of popular error. For this kind of precocity, if not the result of nervous disease, indicates a condition of brain which by reason of over-excitement must soon exhaust its vital power, or yield to some one of the many forms of morbid action. There are many children who suffer in various degrees in consequence of the popular belief that early mental development is an indication of superior capacity. They are sprightly, fond of their books, learn with great facility, and for these reasons alone are pressed forward and stimulated to unusual exertion. The usual consequences are, that at the age of fifteen they are behind those who began study much later, and who were regarded as dull scholars ; with inferior capacity for study and endurance, and often with broken health, and a nervous development that entails upon them years of suffering. We might point to many blighted and diseased intellects, which flashed and sparkled for a few years under this stimulating system only to fall into the oblivion of insanity. Clearly the laws of health require that in children so organized the physical growth and strength should be promoted, while the brain and nervous system is kept subordinate. Let them be encouraged in the games and sports of youth. Much better for their future welfare would it be if they were found, like Sir Isaac Newton, excelling at foot-ball, rather than in the declension of Latin nouns and verbs ; or like Scott, roaming about the fields and spearing salmon, while his fellows were bending over their grammars ; or like Schiller, climbing trees during a thunder storm to find where the lightning came from.

We have already had occasion to allude to some of the unhealthy influences to which the young are exposed during their years of school-life, especially when sent prematurely, or placed in large schools far from home. It remains for us to notice more particularly some of

the features of the present system of popular education, and we would again disclaim any intention of reflecting upon those who devote themselves to the arduous duties of teaching. But we could wish that they would not so easily yield to a popular sentiment, which regards education as meaning only the acquisition of a certain amount of knowledge in the shortest possible space of time, and demands that by far the greatest proportion of mental labor involved in this acquisition shall be performed during the first twelve or fifteen years of life. We know some teachers who protest against this sentiment, and who fully realize the danger to which the young are exposed by such a violation of one of the important laws of human physiology, and by the corrupting associations fostered by indiscriminately congregating large numbers; and we would be glad to see them increased a thousand fold.

It is, we believe, very generally conceded by those who have given their careful attention and observation to this subject, that American children are sent to school at too early an age, and are required to perform an amount of mental labor incompatible with the healthy growth of the physical organization, and involving both immediate and remote danger to health and life. Inheriting, as many children do, a highly nervous organization, they are sent to school at the age of four or five years, where the tender brain is at once set to work over some modern "child's book." The little feet and hands are idle, the muscles aching for relief in motion must be kept quiet, the lungs are compelled to inhale the air made impure by close and crowded rooms, while the brain alone is furnished with occupation. Those children who learn easily are stimulated to "do their best," while those who acquire with difficulty are urged onward by daily admonitions. Thus is the brain and nervous system prematurely developed and the proper balance of the vital organs destroyed. As the education advances the daily task is increased, the brain-work is carefully given out while the physical organs are expected to take care of themselves. Perhaps a daily walk is thought to be desirable, or a little time may be given for relaxation in games. But the general rule is to task the brain to its utmost limit, and to impress upon



the youthful mind the importance of making rapid progress. If a moment's thought is given to the healthy development of the material organ upon which this excessive labor is imposed ; if any care is taken to regulate the quantity of mental food by the known laws of physiology, it certainly does not appear in the daily routine of school-life, or in any way influence the course of study generally adopted.

If the freshness, animation and vigor of youth give place to the angular outlines of a more advanced age, to languor and nervous irritability—changes by no means so rare as to excite attention by their novelty—these very indications of the irreparable injury inflicted upon the vital powers are tortured into a source of pride and congratulation. These marks of impaired constitution are esteemed as indicating a good student, and no word of appropriate warning ever falls upon his ear. Quite frequently it occurs that scholars have to be removed from school for a time to recruit their exhausted strength ; but very few seem to think that the fault may pertain to the educational system ; it is generally sought for in the constitutional peculiarities of the children. Occasionally a direct transfer is made from the school-room to the wards of an asylum for the insane. But insanity is a very common disease ; the young and the old are alike exposed to it, and the wonder-loving public briefly comment on the sad fate of one so young, never dreaming that they have any special interest in, or are in the least degree responsible for it.

But the more remote effects of this system of forced education, combined with the associations usually pertaining to it, are by far the most pernicious, and to the popular mind they have no seeming connection with the habits, traits of character and mental development founded upon the early training and education. A young man graduates from one of our schools with the usual honors. He has successfully pursued the prescribed course of study, and at the age of eighteen or twenty his education is said to be finished, and he goes forth to encounter the labors, cares, temptations, anxieties and disappointments of life, as well as to share its enjoyments, pleasures and successes. He engages in some engrossing pursuit, devotes him-

self to it unremittingly, over-works his brain, or meets with some exhausting disappointment, and his reason is dethroned. "Poor fellow, he was imprudent to attempt so much;" is the mildest verdict rendered by public opinion. But who taught him to be imprudent and reckless of consequences, when the mind only was the agent employed? What teacher ever theoretically or practically instructed him that there is a limit to intellectual effort beyond which the strongest can not venture without incurring a fearful danger?

Or take the numerous class of young women who complete their education with nervous systems stimulated to excess, with undeveloped physical strength and vigor; the almost necessary results of the course of study and life so generally pursued in American schools. Those of them who are fortunate enough to have good mothers, and to escape very early marriage, often recover from their educational advantages, and develop into strong, healthy womanhood. Many others, less fortunate, may be found in every community, the victims of "ill health" in some of the protean forms now so common in American women. And among the causes of insanity in females "ill health" holds a prominent place. The apparent causes in many cases, and those assigned by popular opinion, are over-exertion, family cares, troubles, perplexities and anxieties, together with other similar agencies. Giving to these their proper places in the history of causation, it should not be forgotten how totally unfitted to encounter these stern realities of life are the frail beings who venture out with so much confidence. And if unfitted how came them so, and who is responsible for it? Are the parents, who in the aggregate shape the popular system of training and educating the young, free from all responsibility?

These are pertinent questions, and should receive the attention of those who are called to guide and instruct American youth. There remain to be noticed various departures from the paths of safety and health having their origin in these early deflections of the youthful mind, and should other engagements permit the subject will be resumed.



CONSIDERATIONS ON THE RECIPROCAL INFLUENCE  
OF THE PHYSICAL ORGANIZATION AND MENTAL  
MANIFESTATIONS. BY A. O. KELLOGG, M. D., PORT  
HOPE, C. W.

"The future elevation of medical science, in all its branches, will be most intimately connected with the advancement of Psychology."—*Damerow*.

THOSE who have watched carefully the progress of medical science during the last quarter of a century, can not have failed to perceive to what extent the psychological element has entered into, and contributed to this advancement.

This fact finds illustration not only in the science, legitimately so-called, but in those modern systems of practice, which, whether reasonable or unreasonable, philosophical or unphilosophical, true or false, have each found able and conscientious supporters, and equally able and honest opponents—faithful believers, "even unto death," and unfaithful disbelievers; men having nothing whatever in common with each other except the one sole principle, that in all things they are bound to disagree, and that the same class of facts, observed by opposing sects, shall serve to confirm diametrically opposite theories, and lead to sadly conflicting results. One sect goes forth to combat disease armed with the most potent weapons,—the lancet and barber's basin, the blistering plaster and bolus-box—and inscribing upon their banners, as a watchword, "*Contraria contrariis curentur*." Another, trusting in minute saccharine globules, equally remarkable for their impotence, unfurl their banners inscribed, "*Similia similibus curentur*," and rush to the contest, shouting, "Great is Hahnemann of the homeopaths!" While some faithful disciple of a third class, like Diogenes in his tub, looks out from his comfortable *sitz-bad*, or from under the droppings of his shower-bath, and shouting, "Great is Priessnitz of the hydropaths!" seeks to throw cold water upon all sects, systems and patients, applying it to his own indiscriminately. A fourth class, respectable in philo-

sophical attainments at least, if not in numbers, in their dealings with human infirmities are beginning to recognize in all cases, and among all sects, the operation of a psychological element as influencing the result, as well as one purely physical or physiological, and contend most logically that neither of these elements can be entirely ignored while man is recognized as a composite being.

It must be admitted that there is in all systems much good, as well as some evil; in this system perhaps more evil of a positive, in the other of a negative character. Were this not the case, medical science would not be like most other things belonging to the earth; and, judging from the signs of the times, the medical, like the Christian millennium, though approaching is yet some centuries in the future.

In former papers we have endeavored to throw some light upon the reciprocal influence of these two elements, the physical and the psychological in human nature, in their intimate relation to the treatment of disease, both physical and mental, (though by these terms we would not be understood as speaking of two distinct and always separable entities; we regard the connection as too intimate, ever to admit of complete separation,) and to show that this influence is in operation in conditions and under circumstances which have not hitherto been sufficiently recognized and acknowledged; and in further proof of this we shall here attempt to examine how far the psychological element has contributed, and still continues almost imperceptibly to contribute to the success of so many conflicting theories and systems of medicine; and not to those which we have dignified with the names of theory or system only, but to the many forms and phases of charlatanism, which, like parasites, have attached themselves to what is now a great, noble, and must become ultimately, a perfect science.

In the first place let us consider that most specious, popular, fashionable, and, for quite obvious reasons to the attentive observer, successful medical innovation known as homeopathy, from a psychological point of view.

This most fanciful system maintains, as is well known, that all



diseases are cured by the administration of medicines which are capable of inducing in the healthy system disordered actions analogous to those brought about by the disease. With the theory, *per se*, we shall not quarrel. It may, or may not be quite as true as other theories of obscure and imperfectly understood actions, for aught we know : we therefore leave this an open question. The *means*, however, by which the theorists suppose they bring about the action in question, we can not, even with the utmost stretch of credulity, recognize. Indeed, when they tell us of the potency of the decillionth part of a grain of a substance like charcoal, nearly if not quite inert, we are inclined to smile at the wonderful credulity of the human mind, and are only prevented from laughing outright by the thought that this credulity is in itself a powerful curative agent of a character strictly psychological.

Looking merely at the physical agencies which this sect profess to employ, we are forced to exclaim, *Ex nihilo nihil fit!* But when they point us to their results, and defy us to ignore them—to hundreds of most intelligent men and women, exclaiming, “I was sick, and am well ; great is homeopathy !” “I was dying, and am again made alive and whole ; great is Hahnemann of the homeopaths !” we are forced, in the absence of all other means, to recognize the psychological element, which has unconsciously, so far as the practitioner and patient are concerned, contributed to, if not been the sole means of the results made manifest—results which it is not the mission of true science to ignore or despise, but to recognize, as far as they go, and to show by what physical means these good results could have been made better, had not the sect unconsciously perhaps ignored them ; in the same way as the psychological element has been too much disregarded by those who have placed too much reliance on pure physical means, and these frequently of *too much* potency, becoming not unfrequently, it is to be feared, “like a sword in the hands of a fool.”

As a psychological experiment testing the power of mind, unaided by any other rational means (aside from the recuperative energies of nature) in removing physical infirmities, homeopathy can not but

be regarded as most eminently successful. Success, however, is never an exact test of the entire truthfulness of any thing. By following an ingeniously devised and cunningly wrought illusion, such as frequently springs up in the dark and devious paths of an abstruse science, this sect has unconsciously stumbled upon the fragment of a great truth, which the credulity of human nature has enabled them to illustrate most amply. Having accomplished this they seem to have fulfilled their mission; for, amply satisfied with the thought of having developed the whole truth, and originated a perfect system, they become henceforth useless in the domain of science, and must give place to those who are prepared to take other steps in advance.

Homeopathy with its infinitesimals, hydropathy with its sitz-baths, its douches, its wet sheets and frictions, having failed to confer complete earthly immortality upon mankind, the vapor of water, medicated or non-medicated, also having failed in this, we may reasonably anticipate shortly the introduction of a new system; and we would suggest to those who are ambitious of an immortality like that of Hahnemann or Priessnitz, that *pneumopathy* be the designation of the coming innovation, before which undoubtedly for a time, all other systems and theories, together with all accumulated facts and deductions—all in short which has been based upon the experience of past centuries, will vanish into *air*, into “thin air,” and “like the baseless fabric of a dream, leave not a wreck behind.”

The statistical results of a new system of therapeutics based entirely upon *air*, and its numerous modifications and compounds, may not, after all, be so contemptible. Let us therefore look forward with confident hope and happy expectation to the coming innovation, whatever it may be, and with a lively faith that it will be in the exact order of Providence, and that it will fulfill its destiny, in strict accordance with, and conformity to, the spirit of the times in which it will appear, like those gone before.

But before the advent of what we have anticipated, let us cast a passing glance at another system which we already have, from a psychological point of view, lest we be charged with unthankfulness for allowing the old to pass away, or in the rapid transmutation of



all earthly things, be crowded from the scene, without our having recognized the good and useful, however small the amount, which will be left behind. In hydropathy, the system of Priessnitz, the great "water witch" and medical necromancer of Silesia, the physical means employed, though not as in the former a complete nullity, are yet, (when not abused, as they frequently are most undoubtedly, by this sect,) not sufficiently far removed from it to interfere with or greatly confuse the obvious operation of the psychological element which has contributed largely towards bringing about its success, and to whatever amount of good it has wrought. The operation of causes of a purely psychological character, is equally if not more obvious in this system than in homeopathy, to which we have already referred.

What the well-conducted, modern lunatic asylum is to the insane psychologically, the modern watering-place, or the yet more modern "water cure" might and should be to the hypochondriac, the dyspeptic, and the hysterical,—all those afflicted with some one of the many phases of nervous or chronic disease, and if the medical officers were always men of science, and never the *financiers* as well as the physicians of their establishments, but paid officials, men placed by official position and emolument above the necessity of becoming money-changers in the temple of science; if, in short, these establishments were less tinctured with professional charlatanism, and like the former, ready to adopt everything which the experience of past times, and the results of modern science have shown to be useful, we see no reason why they should not be productive of an equal amount of good to the class of patients with which they mostly have to deal.

But to hydropathy, as now understood and practiced, we may apply the language of an admirable and unanswerable critique on Homeopathy in the "Atlantic Monthly" for December, 1857, words which, from their careless ease, truthfulness and elegance, it seems to us could only have fallen from the inimitable "Autocrat" and "Professor" in one of his happiest breakfast-table moods.

"It pleases," says the critic, "the imagination, it is image-wor-

ship, relic-wearing, holy-water sprinkling, transferred from the spiritual world to that of the body. Poets accept it, sensitive and spiritual women become Sisters of Charity in its service ; yet we must own that it may have been indirectly useful, as the older farce of the weapon ointment was, in teaching medical practitioners to place more reliance on nature. Most scientific men see through its deceptions at a glance. It may be practiced by shrewd men and by honest ones ; rarely, it must be feared, by those who are both shrewd and honest."

But it is unnecessary, and would occupy too much time and space, to trace the operation and influence of the psychological element through all grades of charlatanism, from the refinements of homeopathy, "that most epigrammatical of paradoxes, that crowning exploit of pseudo-scientific audacity," to use the words of the critic already quoted, down to the mountebanks of the St. John Long and Cagliostro school, the Pain Killers, the Ready Relievers, the pill, sarsaparilla, and plaster makers ; for the success of all these worthies depends, as we have ample proof and illustration, upon the most powerful psychological element in human nature, credulity.

We all know that agues have been cured by the most opposite and heterogeneous means. Even the most ridiculous and disgusting have often proved the most successful, probably from giving greater play to the operations of the psychological element. Let us therefore take this as a type of the whole class of operations.

We should not be discharging our obligations to medical psychology, and to science, but taking a one-sided view of the question, if we neglected to consider carefully in this connection the manifold relations of the former to the ordinary practice of medicine ; to allopathy, as it has been somewhat unhappily termed, in mere contradistinction to homeopathy. In allopathy the psychological element has had to contend not with a mere nullity, but with physical agents, powerful for good or evil ; agents, we must confess with sorrow, often grossly misapplied, through ignorance and error of judgment on the part of miserable pretenders to medical skill, with which this noble



science, now painfully emerging from the bogs and quagmires of superstition and ignorance, false doctrine and authority, is infested.

It is painful to make this humiliating acknowledgment, but truth calls aloud for it, and the interests of humanity seem to demand it at our hand. Let us therefore deal with all these morbid excrescences which have engrafted themselves upon the body of our noble art, like a faithful and conscientious surgeon, determined to know the worst, and, if necessary, to apply the knife.

When we look back over the records of medical experience, and consider what the human organization has been subjected to through the prevailing theories and ideas of men respecting the nature of disease and the operation of remedies, we cannot fail to see that the struggle has been in too many instances, between nature and her most salutary operations on the one hand, and the allied powers of disease, the physician, and the operation of his remedial means on the other. And it is somewhat surprising, how, in the unequal contest and against such fearful odds, the victory has been so frequently gained by the former, while the latter have uniformly, and most unjustly usurped the laurels. Whole volumes might be filled with illustrations of this melancholy truth, but such will readily suggest themselves to every candid and enlightened mind in the profession.

But the dawn of a brighter and happier day is already perceived. The principles of a sound philosophy are being applied to medical science in all its branches, and the operations of nature in disease, and the systematic phenomena observable, are, on the whole recognized, and calculated to lead to a favorable result, if closely watched and duly modified by the operation of remedial means, both physical and psychological, now much better understood than in former times.

We venture to assert, without the least desire to disparage physical means, which, notwithstanding their manifold abuses, we still hold in veneration, and shall continue to while man has a physical organization to which they are applicable, that the bringing about of this happy result, is, in no small degree, dependent upon a better understanding, not only of the operations of nature in disease, but of

that psychological element the influence of which we have been striving to illustrate, in so far as it has contributed to the success of systems where the physical means have been either a complete nullity or bordering upon it, and we shall now attempt to illustrate its influence in a system where the physical means have ever been the very antipodes of this.

No physician of discernment and experience can have failed to observe, with how much more ease and satisfaction to himself, he is enabled to conduct a case of disease to a satisfactory termination, when he possesses the free and complete confidence of his patient. In fact, so important is this to secure it should be the first object of the intelligent physician, an object, we had almost said, paramount in importance to all others.

With it almost all his remedies, unless applied most injudiciously, and with great want of skill are sure to agree. Without it whatever they may be, even the most inert substances, are sure to disagree. Every physician must have observed this, particularly, if from untoward circumstances on his part, and ill luck on the part of his patient, he is under the necessity of treating one who has no confidence in his system of practice. Who would not sooner be compelled to treat a case, having this implicit confidence of the patient, though deprived of every thing else (except perhaps homeopathic remedies, and cold water) than be without confidence, and backed by the most potent articles of the *materia medica*? In attaching so much importance to this matter, let us not by any means be understood as undervaluing any physical means, which experience has demonstrated to be useful when properly applied. We would contend strongly for the combined operation of both physical and psychological means, for in the proper and judicious combination of the two consists the strength of the truly great and eminent practitioner, as the biography of all such men amply illustrates. The very name and personal presence alone of such men as Paré, Baron Larrey, Abernethy, Astley Cooper, and Sir Benj. Brodie, have been sufficient to impart a curative impulse to many a poor sufferer from the more severe bodily diseases and wounds.



Mrs. Sigourney, in her lines on the death of Dr. Brigham, says with great truth as well as beauty :

“The sufferer marked his *hope-inspiring* brow,  
His warm solicitude, his truthful soul,  
*And took new courage.* Well he knew to blend  
The friend with the physician; *and to win*  
*The confidence* of those he toiled to save;  
Poising the weapons that his science gave  
With wariest skill, *as one who feared their power*  
And fain would aid weak nature to avoid  
Nor tempt their discipline.”

The above lines point out briefly all that belongs to legitimate success in the noble art of medicine, and it is evident to all who knew this eminent man, that the amiable and truthful poetess drew the sketch from a close observation of his manner of dealing with his patients.

In the first place the confidence of the patient is to be secured by kindness, truthfulness, and a genuine humanity, prompting that “warm solicitude” for his welfare here pointed out, and not by knowing looks, and pompous words of doubtful meaning, which may catch the ears of fools, but to sensible men and women are evidence of the emptiness of his head and heart.

This confidence once legitimately secured, and the battle is half won, for the force of the psychological element we have insisted upon, is brought into active coöperation with other means. The battle as we have said is *half* won, but only half won, for this confidence once secured, is not to be abused by infinitesimal jugglery, *un-holy-water-sprinkling*, or any description of pseudo-scientific humbug and quackery, in the use of physical means, but by carefully estimating and applying such as an enlightened experience, and true scientific research have given, by those who know well their power for good or evil, and are capable of applying them in a manner becoming reasonable beings.

The genuine physician should be a man endowed by nature with peculiar gifts of disposition and mind; one who has some understanding, not only of himself but of that world of mind and matter, with

which he is in contact, and of which he forms a part; a man who should combine large scientific attainments, with broad and liberal views; one unswayed by prejudice, and untrammelled by authority; fit to estimate all systems, by whatever name they may be called, by their true value, and by the amount of good they contain, and capable of applying the principles of a sound philosophy and vigorous logic to all; separating the good and true from that which is modern, and combining it with the good and true of that which is ancient and time-honored, retaining nothing which is bad, and rejecting nothing which is good, from whatever source it may emanate.

The sacred maxim, "Prove all things — hold fast to that which is good" is equally applicable to the physician and the theologian, and, though a hard doctrine, it is one which lays at the foundation — is a "chief corner-stone" — of the temple of truth: yet, as we have said, so hard to follow, it is greatly to be feared that from indolence, carelessness, or mental obtuseness, men in all callings are more apt to prove nothing, but hold fast to that which is bad, having it on the "authority of the fathers." But those who have observed carefully the signs of the times cannot fail to have been impressed with the strong tendency of the human mind in this age to question closely all authority which has the least semblance of being doubtful.

Truths, to be accepted as such, must be absolute and unmixed, without even the shadow of doubt.

The times when, without questioning, one man was ready to believe implicitly another man's imagination, in order to save either body or soul from destruction, are rapidly passing away, and what is imaginary and what is real, what is genuine and what is false, are questions which every man who thinks at all is beginning to ask of himself and not of his neighbors, and to seek a solution within the deepest recesses of his own spiritual and material nature. Men are now beginning to see that it is far worse to believe a lie than to be denounced as heretics or infidels in theology, or quacks and charlatans in medicine, for refusing to give their assent to a dogma.

Fearful men, and men of narrow views look on from a distance,



trembling and quaking when some intellectual giant lays his strong grasp upon the pillars which support some towering structure of error, and causes it to tremble to its foundations, lest the beautiful temple of truth should also fall, and be crushed and buried among the ruins: but such fears are groundless, for

“Truth crushed to earth will rise again;  
The eternal years of God are hers.”

The light of truth cannot be permanently concealed. It may perhaps be eclipsed for a time, but it will shine forth anew with increased brightness. That which is true cannot be overturned, for its foundations are laid deep upon the “Rock of Ages.” Let therefore system succeed system, and innovation follow innovation in rapid succession, that and that only which is true will remain behind to confer upon mankind its benefits and its blessings; and that in all systems which have been, or may yet spring up, which is untrue and hurtful, will be swept away in the onward march of things, and come to be remembered only by the evil it has wrought.

One thing, however, is evident to all who have looked carefully into the present tendency of every thing relating to our art. It is this: whenever in coming time medicine shall assume, or even approximate anything like a perfect scientific system, that system, by whatever name it may be called, will be one based upon a more thorough comprehension of the entire corporo-spiritual nature of man, than any that has preceded it, for we are fully persuaded of the profound meaning, and far seeing and truthful insight of the words of Damerow placed at the head of this paper, that — “The future elevation of medical science in all its branches, will be most intimately connected with the advancement of psychological knowledge.

ON GENERAL PARALYSIS. BY M. PINEL.

*Read before the Medico-Psychological Society of Paris, June 28th, 1858 : and translated for the AMERICAN JOURNAL OF INSANITY, from Annales Médico-Psychologiques, Oct. 1858.*

I LISTENED with deep interest and earnest attention to the remarks which were made at our two last meetings, by our learned friends, MM. Parchappe, Delasiauve and Baillarger. It is not my intention at present to discuss opinions so different and even so opposite as those which have been expressed on the subject of general paralysis. I merely wish to state some general propositions, to follow them with a few remarks, and to mention a number of facts in support of the views which appear to me to be correct ; to touch lightly on the subject of diagnosis, and to read you some comments which I made, a few months since, on a communication read by M. Baillarger before the Society of Medicine, of Paris. I will conclude by describing a case of recovery, which will serve to confirm the views advanced by our distinguished brethren, Drs. Baillarger and Delasiauve, in relation to the curability of the disease under discussion.

1. General paralysis is a distinct and special disease, characterized by lesion of the voluntary motions, which lesion has a tendency to progress and become general.

2. It exists either singly, or in a state of complication. In the first case it is distinct and isolated from every other disease ; no disorder of the intelligence is observable. In the second case it is frequently associated with insanity, and then the different symptoms proper to the two morbid conditions are present.

3. The disease known by the name of general paralysis of the insane, or paralytic insanity, is only a combination of general paralysis with mental derangement.

4. Uncomplicated general paralysis may continue sometimes, though rarely, during life without the supervention of insanity.



5. It is sometimes accompanied by deficient memory, which can not, however, be confounded with dementia.

6. In most cases madness supervenes, sooner or later, on the lesion of motion.

7. At other times the physical and mental disorders appear to originate at the same time, but in general the lesion of motion precedes that of the intelligence.

8. In another class of cases, which are less frequent, the paralysis is secondary.

9. Uncomplicated general paralysis is never seen in asylums for the insane, because its subjects, not being deprived of their reason, are treated elsewhere.

10. It is in general practice, in private asylums, or in ordinary hospitals that it is most frequently met with.

11. It may precede, accompany, or follow different mental disorders,—mania, monomania, melancholia, but especially dementia. At times the last makes its appearance simultaneously with the first signs of muscular debility.

12. Ambitious monomania, which was at first considered to be a constant sign of general paralysis, is often wanting.

13. Genital weakness is not so common as has been stated. When it is present at the commencement, it is sometimes replaced even at an advanced period, by excitement of the sexual organs. At other times the virile powers are completely and irrecoverably lost.

14. In the last stages the general sensibility is in most cases very obtuse ; sometimes it is preserved to the end.

15. The course of general paralysis is ordinarily chronic, but in some cases it is acute.

16. Remissions, which lead to the hope of recovery, are often remarked in the course of paralysis complicated with mental alienation.

17. The most frequent causes,—in spite of assertions to the contrary—are alcoholic, and especially venereal excesses.

18. Women are less subject to this malady than men, because they can more readily remove themselves from the influence of this two-fold cause.

19. The inhabitants of northern countries are more exposed to general paralysis than those of the south, who make a more moderate use of alcoholic drinks. If these last give themselves with more license to the pleasures of love, they are compensated by being better able to bear its fatigues.

20. Cerebral congestion frequently precedes the first appearance of general paralysis. In the greater number of cases it is renewed during the progress of the disease, which it tends to aggravate.

21. The prognosis is in general very unfavorable, and the termination fatal; nevertheless, there are well attested cases of recovery.

22. Moderate local bleedings in the commencement *only*: and when there are signs of vascular congestion, issues at the base of the cranium, repeated blistering to the scalp, shower-baths, and revulsives to the bowels and extremities, are the principal means to be employed in the treatment.

What are the nature and seat of general paralysis? What are its anatomical characters? Are the *post-mortem* appearances constant, or are they sometimes wanting? When they are observed, are they uniformly the same, or do they sometimes differ? May they not be the effect rather than the cause of the disease?

In the actual state of our knowledge it is difficult to answer these questions; the opinions of writers being widely different. The greater number believe in the existence of a peripheral inflammation of the cortical substance of the brain, with tendency to softening.

Some practitioners, when no appreciable cadaveric lesion is found, are disposed to believe that general paralysis may be of a purely nervous character. In these cases may it not be with general paralysis as with those nervous disorders whose nature is unknown, and whose true seat is yet to be discovered? What do we know, in this respect, of epilepsy, of tetanus, of chorea, of hydrophobia, of insanity, of hypochondriasis? There is much yet to be learned in relation to general paralysis, and it would perhaps be wise to wait before deciding positively upon its nature.

I certainly believe in some alteration of the nervous centres, because I do not admit an effect without a cause; but what is this



cause, that is to say, this morbid condition? This is a point upon which I think we are still ignorant—at least in a certain number of cases. Will the microscope remove these doubts? I sincerely desire it, and the recourse to this instrument shows that the ordinary means of investigation have left much to be desired.

M. Linas, whose thesis I have read with great pleasure, earnestly maintains that general paralysis is necessarily accompanied with some derangement of the intellectual faculties, either excitement, perversion, or depression. He grants that the first may be wanting, but declares that the last is never absent. It is true that in his opinion any degree of weakness of intellect is dementia. Esquirol, whose authority he invokes, thus defines dementia: "A chronic, cerebral affection, characterized by defect of the sensibility, the intelligence, and the will, with incoherence of ideas, deficiency of intellectual and moral spontaneity, and impossibility of reasoning justly." Can we admit that a partial impairment of the intellectual faculties, as for example a weakness of memory, increased emotional sensibility, and slight diminution in the aptitude for intellectual labor, and in the energy of the will, can be considered as evidences of dementia? Do we not frequently see patients under the influence of painful chronic disorders, of violent grief, of misfortunes, of misery, of the depressing passions, of continued loss of sleep, of excessive mental exertion, &c., affected with slight mental impairment, without being considered demented? And how can patients suffering from general paralysis, who are perfectly conscious of the nature of their disease, not be affected by this consciousness, and experience some intellectual and moral enfeeblement?

While admitting that there may be in some cases of general paralysis a *partial* weakening of the mental faculties, without the existence of dementia, I assert that I have seen others in which it was impossible to verify it. M. Guislain says on this subject: "I have seen in my private practice paralysis of the whole muscular system run a slow and gradual course, ending in death, without the patient, during the whole progress of the disease, showing any delirium or disorder in the intellectual operations. These patients have con-

tinued to their last moments conscious of their condition.”—(Vol. 1, p. 338.)

Is epilepsy, which is ordinarily accompanied by insanity, and especially by dementia, necessarily connected with it, and do we not every day see epileptics whose fits occur but seldom, preserve the perfect integrity of their moral and intellectual faculties until death? Why may it not be so in general paralysis? I am convinced that general paralysis is not a disease peculiar to the insane; that it is not a special form of insanity, and that it does not necessarily lead to it; that it is an independent and distinct disease so long as the lesion which produces it does not extend to the molecular portion of the brain, which presides over the intellectual faculties; and I have no hesitation in believing that this part of the encephalon may be spared for a certain time, or even during the remainder of life. I am far from being persuaded that motility and intelligence have the same seat in the brain. If it were so the intellectual lesion would always show itself simultaneously with that of motion; but experience proves the contrary, since months and even years may elapse without our being able to observe the least sign of mental impairment. Physicians at the head of establishments at which none but the insane are received, have evidently been able to study general paralysis only as accompanied with insanity, and have thus been induced to regard it as a species or variety of mental alienation. How can it be maintained with reason that a disorder, which may exist for months and years without presenting the least trace of intellectual disturbance, is a form of mental derangement? This is interpreting facts in the same manner as those who pretend that general paralysis may exist without lesion of motility.

It can be readily understood why patients attacked with uncomplicated general paralysis, whose reason is fully preserved, whose judgment is perfect, whose will has never faltered, whose consciousness and appreciation of facts are unimpaired, should not wish to consult a physician known in our specialty, and to be placed under his care, for that would be to admit unequivocally that their reason was compromised. It can also be seen that families would guard



against having recourse to the advice of an alienist, and for a much stronger reason would avoid placing the patient under his immediate care. It is only at a later period of the disease, when trouble or impairment of the intellect is superadded to the paralytic symptoms, that it is thought proper to consult an alienist, or to place the patient in an asylum. I may add that it is only as an exception that alienists are called to treat patients attacked with general paralysis in its simple form, and that of necessity paralytics submitted to their examination are almost constantly insane.

From the fact that the greater number of alienists have not had occasion to study general paralysis at its onset, nor to observe its development and gradual increase with complete absence of psychical phenomena, and from their so frequently seeing, on the other hand, lesion of the motor faculties united with that of the intelligence, some of them have concluded that it was a paralysis peculiar to the insane, and consequently always connected with derangement of the intellect; others that it was of a different nature from that which had been observed in patients attacked with insanity. Both of these opinions appear to us to be erroneous.

General paralysis, it is well known, was formerly confounded with ordinary paralysis, and alienist physicians, and among others, Ph. Pinel, Haslam, and Esquirol, had remarked the frequency of this complication among the insane, and the serious consequences resulting therefrom. Doctors Delaye, Bayle, and especially Calmeil have fixed the attention of the medical world upon this disease which they studied at the Salpêtrière and at Charenton, that is to say, in institutions for the insane; therefore it ought not to be thought strange that they have regarded it as a disease peculiar to the insane. Nevertheless, Dr. Delaye had at that time published a case of general paralysis without alienation. The opinions of these distinguished alienists were shared by all physicians, until Drs. Prus, Requin, Sandras and others, demonstrated by clinical observations that general paralysis might exist without being associated with madness; afterwards it was observed in private practice and in ordinary hospitals. Professor Rostan, who like all other physicians, at first shared

the views of M. Calmeil, has noticed cases of general paralysis at the Hôtel Dieu, and has given lectures on the subject, in which he delivered opinions contrary to those of the physician of Charenton.

M. Rostan, I need scarcely say, is engaged in an especial manner with affections of the brain. Every one is familiar with his valuable labors on cerebral softening at the Salpêtrière, where he also acted during the long absence of M. Parisel, as physician-in-chief to the insane department. It may therefore be said that he has all the knowledge and experience of an accomplished alienist. He is without doubt more consulted than any other physician, in affections of the nervous centres, and no one has seen so many cases of general paralysis in its incipient stage,—his opinion ought therefore to be allowed great weight. When therefore he says, that of six general paralytics who have come under his notice in his private practice, five were entirely free, for a considerable time, of the slightest trace of insanity, we may with good reason be surprised when we hear distinguished alienists affirm that it always exists either before or at the commencement of the attack of paralysis. M. Rostan does not deny, any more than myself, that in most cases general paralysis brings with it, at a period more or less advanced, either general or partial insanity, or impairment of the mental faculties. It acts, in this respect, like most cerebral affections which are capable of determining a psychical disorder. Epilepsy, apoplexy, chorea, eclampsia, hysteria, &c., often produce the same effects without our being warranted in believing that these disorders are epileptic, apoplectic, choreic, eclamptic, or hysterical insanity; on the contrary they have always been regarded as separate and distinct disorders.

If it is so with these morbid conditions, why may it not be the same with general paralysis? It is in vain to seek to interpret adversely to our views the cases reported by Prus, Requin, Sandras, Baillarger, Lunier, and others. I do not wish to put a stop to discussion of the subject, but M. Rostan related to me, a few days since, that he had had under his care, for nearly ten years, the father of a member of the Institute, affected with general paralysis without mental disorder, or the least impairment of the mental and moral pow-



ers; and it was only towards the tenth year that mental disorder supervened, speedily ending in death.

In 1842, M. Rostan and myself had under care for many months in my private establishment, where it is known I receive also patients who are not insane, a general paralytic, whose disease was of about one year's duration. Though his memory was somewhat enfeebled, he continued to attend to business, and he was perfectly sensible of his condition. The same year M. Trousseau sent to me another patient affected with general paralysis. This patient had been treated about a year, in the country. We subjected him for several months to very active treatment with only slight benefit. This patient's reason was not at all effected; there was no trace of insanity. Slight deficiency of memory could alone be detected. He was able to manage his affairs before coming to me, and resumed their direction upon leaving.

M. Trousseau said to me, a few days since, that he did not regard general paralysis as a disease peculiar to the insane; that he had treated a number of general paralytics who presented no symptom of mental disorder; and that general paralysis without mental alienation is of the same nature as that observed among the insane.

M. Hervez de Chegoin has seen, both in hospital and private practice, many cases of general paralysis without the least mental disturbance. This learned physician entirely coincides in opinion with Professors Rostan and Trousseau.

An officer in the army had been treated at the hospital of Metz, and in that of Val de Grace, during about six months, for general paralysis, as certified by the physicians. He presented, in fact, when he entered my establishment in 1846, all the symptoms of general paralysis in the second stage. He gave me an account of his condition with perfect clearness, and described to me all the details of his case, and of the treatment to which he had been subjected. His memory, which was at first impaired, improved soon after his admission; and he did not manifest the least sign of intellectual disorder. He returned to Metz in the same condition.

A patient, living in the Champs Elysees, whose physician I had

been for many years, was affected during four or five years with general paralysis, the progress of which was slow, though constant. He spoke with great difficulty. His voice was weak, his hands were tremulous, and fulfilled their office very imperfectly. His gait was slow and tottering, his feet dragged on the ground, and he needed a person to support him in walking. The saliva escaped from his mouth, and at times his urine and fæces passed involuntarily. He retained the most complete possession of his intellectual faculties; his memory was in no wise enfeebled; he read the journals, and different authors, and took part in conversation with persons who came to visit him, though he could scarcely articulate so as to be understood. During the time that I had this patient under my observation, his intellect was not affected, though the paralysis made continued progress, and he died two years afterwards in a country house near Versailles.

M. X., merchant, of sanguine temperament, was attacked, at about the age of fifty years, with paralysis of the tongue, supposed to have been caused by the suppression of an abundant hemorrhoidal discharge, which had existed for a great number of years. At first there was a slight hesitancy in his pronunciation, and a difficulty in expressing certain words, which surprised and annoyed him. These symptoms gradually increased, and M. X. decided upon coming to Paris for advice. He arrived in the city after a journey of a few days, and was surprised to find himself perfectly well. He talked with the greatest ease, and considered himself so thoroughly cured that he thought it unnecessary to ask the advice of a physician, during the month that he remained in the capital. He returned to the country, pleased with the prospect of seeing his family, but the day after reaching home the difficulty of speech returned, which he attributed to having indulged in sexual intercourse. Seabathing was ordered, which appeared to do harm, chiefly apparent in the upper extremities, which became more feeble. The patient wrote with difficulty, and his writing was scarcely legible. For three years and a half these symptoms gradually increased, and M. X. came the second time to Paris for advice. I saw him a few days



after his arrival. His speech was much affected; the tongue was increased in volume and tremulous, but protuded in a right line. His lips were affected with a spasmodic twitching, and his hands were weak and unsteady. The inferior extremities permit him to take daily walks. There is nothing wrong with the bladder. There is constipation. Erections are common, and coitus is more frequent than is consistent with the welfare of the patient. Sensibility is not diminished; digestion and nutrition are well accomplished; the circulation is in a healthy condition; the sight and hearing present no change, and the moral and intellectual faculties are in a state of perfect integrity. The patient writes with difficulty, but his friends remark no difference in the style of his letters; they always display the same animation, the same clearness, and the same aptitude for business.

After consulting different physicians, and among others, M. Rostan; M. X. returned to the south, where the disease continued its progress. His hands became more feeble and tremulous; the lower limbs weaker from day to day; pronunciation more and more embarrassed; deglutition was effected with difficulty; and the respiration was labored. The patient writes upon a slate, with a pencil attached to his wrist, and his writing shows that he understands what he hears.

He is familiar with the news of the day, and remembers what he has heard the day before, or on preceding days; and he continues to take an interest in his business. He can no longer move from his bed or his chair, and comprehends perfectly the serious nature of his disorder. He died, surrounded by his family, about a year after leaving Paris the second time, and five years from the commencement of the attack; his reason continuing perfect to the last moment of life.

A captain in the Tenth Regiment, in Spain, my former companion and friend, experienced, several years ago, a difficulty in pronouncing certain words. He was sensible of it, and sometimes succeeded in pronouncing them after some effort; and at other times was obliged to write them with a pencil. Afterwards his pronunciation became more difficult; and the paralysis extended gradually

to the upper and lower extremities, without the intellect being affected, or the memory becoming at all impaired. This condition continued for many years, until I lost sight of the patient. I have since learned that the disease terminated fatally.

I have seen in my private practice a lady who had been affected with general paralysis about twelve months. All her faculties were entire, and even the memory showed no impairment.

Professor Chomel sent me in 1855, a general paralytic, putting at the head of his letter of consultation, in Latin, the words, general paralysis. This patient was a merchant, actively engaged in business. His reason was normal, his memory unimpaired, but the disease, which had continued for two years, was increasing. He left me after a residence of two months, nearly in the same condition.

A patient of Dr. Cannet had been affected with general paralysis for three years, before becoming insane, and being placed under my care. He was a government officer, and had performed his duties up to the time of becoming insane.

We could adduce other examples, all tending to show that general paralysis may exist for a length of time, and even until death, without necessarily being accompanied by insanity, or mental impairment of any kind. In the greater number of cases, where it has been thought to have commenced at the same time with madness, it has almost always preceded it. This is at least my conviction, after careful inquiry in the cases of the disease which I have had the opportunity of observing.

I am well aware that it may be objected that I have been deceived, and have mistaken for general paralysis other affections, such as symptomatic or spinal paralysis, and have overlooked the psychical symptoms. I would say in reply, that I may certainly, in some instances, have been mistaken; but I cannot believe that I have always committed errors in diagnosis, which errors, moreover, if they exist, have been equally committed by other physicians high in the rank of science.

Does the expression *symptomatic general paralysis* really represent a peculiar morbid affection? Do paralytic phenomena present



nearly the same characters, or do they offer marked differences, so that the different lesions of motion may be easily recognized and classified? Dr. Delasiauve was, I believe, the first to attempt this. He has divided general paralysis into idiopathic and sympathetic, and has given the signs which distinguish them. He does not admit, for example, that the general paralysis which complicates epilepsy, is of the same nature as that which he calls idiopathic. Notwithstanding the efforts of our learned friend, whose important labors no one appreciates more highly than myself, I think there are numerous cases in which it would be impossible to say, This is an example of idiopathic, and that of general paralysis.

To study general paralysis with good results it is necessary to inquire in the first place, when it is simple, primitive, isolated and independent; whether two forms ought to be admitted, the one which does not terminate in insanity, (and which would be that whose characters have been determined by the researches of MM. Brierre de Boismont, and Duchenne of Boulogne,) the other which is followed more or less promptly by mental alienation. Can we not, if it were desirable to make classifications and distinctions, admit different species, such as general paralysis accompanied from the first with dementia; general paralysis under an acute form; that under the chronic form; general paralysis commencing with the various forms of excitement or depression; that designated by M. Baillarger under the name of congestive mania; secondary general paralysis, for which the name of general paralysis of the insane has been retained; the lesions of motion complicating other disorders, such as hysteria, epilepsy, apoplexy, &c., symptomatic paralysis, if it were possible to establish the positive signs of the lesions which determine it; alcoholic or saturnine paralysis; and that which is due to muscular atrophy.

It certainly would be a great advantage to distinguish all these paralytic affections, but we must first be able to determine, by inspection of the patient, the morbid alterations which produce them; to indicate the symptoms which announce that any given portion of the brain is diseased; that it is alteration of the gray substance

which causes certain symptoms ; that it is lesion of the white substance which is manifested by other phenomena ; that diminution of the volume and weight of the encephalon, its hardening or softening, are manifested by special signs ; that serous effusions into the ventricles, and the formation of false membranes and tumors of different kinds, are recognized during life. It must be confessed that there yet remains much to be done, notwithstanding the labors of so many alienists of great merit. It therefore appears to me that it would be prudent to wait before deciding positively upon the nature of the different forms of general paralysis.

The symptoms characteristic of uncomplicated general paralysis are exclusively somatic. It is the tongue, the lips and the limbs which present the first symptoms of this malady. These signs, an embarrassment more or less marked in the pronunciation of words, or of certain words and letters, and sometimes impossibility of articulating, spasmodic trembling of the muscles of the lips and tongue, a vermicular movement of this organ which is protruded in a right line, feebleness and trembling of the hands, an unsteady gait, displaying itself by a defect of co-ordination in the movements of progression, difficulty of preserving the equilibrium in an upright position, by scraping the ground with one or both feet, by deviation from a straight course in walking, and by involuntary flexion of the femoro-tibial articulation. When these symptoms have supervened upon cerebral congestion, with or without loss of consciousness, or when they are manifested slowly and progressively ; when they are more apparent on certain days, and disappear to show themselves anew at another time ; and when to these symptoms are added pastiness and augmentation in the volume of the tongue, hoarseness or feebleness of the voice amounting sometimes to aphony, a peculiar expression of countenance, shrinking of the features, dullness of the eyes, a general condition of anæmia, or congestion about the head, insomnia, continual restlessness, dilatation of one pupil, winking of the eyelids, and anesthesia more or less extensive of the skin, the existence of general paralysis may be almost positively affirmed.

When mental alienation is superadded to the lesion of motion the



series of psychical symptoms is then presented, and this double morbid condition takes the character which has been designated under the name of paralytic insanity, or paralysis of the insane. If the form of insanity is dementia, the intellectual and moral faculties are more or less enfeebled; memory of recent occurrences is almost null, association of ideas, reason and judgment are difficult or impossible, mental activity and the will no longer exist, or are scarcely manifested. The affections are replaced by complete indifference, and the emotional sensibility is manifest without reason or motive. An air of dullness and stupidity is apparent in the whole aspect, which is the more striking as the lesion of motion is more advanced.

If it is general insanity it may amount to the most intense maniacal excitement, and present all the characters which mark this psychical condition. Nevertheless, if the patients are examined carefully it will be perceived that their will readily yields, and that they are more easily managed than cases of ordinary mania. In the midst of their extravagance and excitement are frequently manifested ideas of grandeur, ambition and omnipotence, more baseless and more absurd than those of ordinary insanity.

If it is monomania, the ideas from the first are irrational, the patients are gay, lively, loquacious, free in their conversation even to indecency, easy in their affairs to the extent of prodigality, inclined to make useless or ridiculous bargains. Their habits and character are changed; from gentle, benevolent and polite, they become irritable, uncivil and ill-natured. Self-exaltation, vanity, pride and ambition, which at first were scarcely perceptible, are now manifested, and ideas of this kind are carried to the absurd and the impossible, to the most complete and unreasonable extravagance.

If it is depressive insanity it takes the character of hypochondriasis or melancholy, but more frequently these two forms are united, or occur alternately. The expression of this form may present the appearance and give the idea of simple, hypochondriacal melancholy, if attention is not directed to the somatic phenomena, whose presence will dissipate all doubt. I need not say that the union of insanity and paralysis gives to the physiognomy of the patient a pe-

cular expression, which results evidently from the morbid manifestation of the two orders of psychical and somatic phenomena, and that this expression varies according to the form of insanity, and the period of the lesion of motion.

In the diagnosis of this form of paralysis it ought to be remembered, that its special character is to be *general, incomplete, and progressive*,—*general*, because of its tendency to extend and to reach progressively the whole organism; sometimes strongly marked upon one region of the body, sometimes upon another, in such a manner that on one day the patient cannot pronounce a single word, or is bent to one side, or suffers complete paralysis of one limb, while a few days after, or perhaps the next day, speech and motion will have returned; *incomplete*, because the motor power is never abolished entirely and at the same time in these different parts; *progressive*, because in the greater number of cases it makes incessant progress, presenting nevertheless, remissions more or less marked, and terminating sometimes, though rarely, in recovery.

In regard to the differential diagnosis it will be sufficient to say, that in order to make it out with the greatest possible certainty, it is necessary to analyze carefully the somatic symptoms, and to compare them with those presented by other forms of paralysis, and other morbid conditions of the nervous centres. In the general paralysis of the insane we must compare certain psychical phenomena (hallucinations, for example) with the special illusions of delirium tremens, and not forget that ambitious ideas are a frequent symptom of paralytic insanity.

In the cases of general paralysis accompanied with insanity, almost complete remissions sometimes occur, which seem to promise recovery. In these cases the psychical and somatic symptoms do not disappear simultaneously; the one order may become scarcely appreciable, while the other is still apparent. In such cases the mental disturbance may slowly disappear, reason may gain the ascendancy, and the actions and language present nothing unusual, or rather the psychical symptoms may be of such a character that they can not be recognized without very close attention. Among other patients



the contrary is observed. They retain their insane ideas after the paralysis has disappeared.

Should there be no longer any disturbance of the intellect, we may remark, at times, that the speech is more or less hesitating and embarrassed, that the tongue is slightly tremulous, that the upper lip twitches spasmodically, that one of the pupils is dilated, that the gait is tottering, that the hands are unsteady and cannot grasp or hold small objects. These symptoms, which are far from being always united, may disappear gradually, and leave few or no traces behind them. This remission is of longer or shorter duration. In the greater number of cases it lasts but a short time, and is followed by new symptoms. It is during these periods of remission, that alienist physicians are often solicited, either by the administrative authorities, by courts, or by families, to give their opinion on the condition of patients who are very anxious to be restored to their liberty. All alienists have had opportunities of seeing similar cases, and been obliged to pronounce an opinion. It is well known how difficult it is at times to make out a correct diagnosis without a prolonged examination of the paralytic insane. We have at this time under our observation patients presenting complete remissions, after having shown the most decided symptoms of general paralysis with ambitious mania ; some even who have presented the characters of dementia with advanced paralysis.

Professor Rostan and Dr. Baroux sent me the case of an engineer affected with ambitious insanity and general paralysis, which had made rapid progress. Epileptiform attacks of extreme violence and frequent occurrence accompanied with the most intense mania, had led his physicians to believe that his life would be of short duration. Topical bleeding at the base of the cranium, and blisters on the whole scalp caused a cessation of the convulsions, and some diminution of the excitement. The patient sunk into a state of the most dangerous prostration ; an enormous abscess formed, invading the whole of the right thigh, and discharged every day one or two quarts of pus ; large eschars formed upon different parts of the body, but principally over the sacrum ; the delirium continued, the debility

became extreme, the emaciation was fearful, the urine and stools passed involuntarily, and a fatal termination was hourly expected. Fresh blisters were successively applied to the head, at the same time that tonic treatment was employed. As soon as it was possible to lift the patient into a bath he was subjected to cold affusions, of the temperature of 10 or 12 degrees, (about 50° Fahrenheit) for two or three minutes at a time. Under the influence of this treatment the cerebral symptoms gradually diminished, the sleep and the appetite returned, the evacuations were no longer involuntary, the immense sinus of the thigh contracted, the pus diminished in quantity, the eschars filled up, and M. T. was able in about two months to leave his bed, and to take a few steps. The baths were continued, as well as the tonics, assimilation and nutrition were soon accomplished in such a manner that he regained his flesh, and his physical health left nothing to be desired. The difficulty of speech, which was at first considerable, disappeared, and it was only occasionally that slight hesitancy in the pronunciation could be detected, the gait which had been tottering became steady, and he could take long walks without fatigue. His appetite was voracious and could only with difficulty be satisfied, the sleep was excellent, in a word all the bodily symptoms gradually diminished, and finally disappeared entirely. His intellect unhappily did not undergo the same improvement, and his mind though less disturbed was sufficiently so for the disorder to be perceptible. His family, happy to see him so much better than they had ever hoped, took him to Belgium, and we are since ignorant what became of him. This case, of which I have only been able to give a brief summary, is remarkable on more than one account, but principally for the favorable termination, which there was so little reason to expect. It shows that in the most hopeless cases we ought not to neglect to employ very active treatment, and that abundant suppurations, either artificial or natural, contribute powerfully, if not to a perfect cure, at least to a sensible amelioration. It ought not to be forgotten that the paralytic symptoms alone disappeared, while the intellectual disturbance remained, though in a less degree. I would ask if even an alienist, who had seen M. X.



for the first time, during this period of remission, would have suspected that he had been attacked with general paralysis ?

In September, 1855, the viscount X., who had for some time manifested symptoms of insanity with general paralysis, was brought to my establishment by the advice of Drs. Ferrus and Arnal. In a consultation, which was called a few days after, symptoms were observed of ambitious mania, with impairment of the memory, incoherence of ideas, difficulty of speech, &c. A short time after, there were filthy habits, involuntary evacuations, increased difficulty of speech, and vain and ambitious ideas. Eight months were passed in this state. Toward the end of spring and during the remainder of the year there was considerable improvement. The articulation was free, the step firmer, and the physical strength was increased, but the ideas were still irrational, though less so than at first. Shortly afterwards the memory returned, not only of facts long anterior, but also of recent occurrences. The patient wrote letters, which were generally rational. He demanded his liberty of the prefect of police, of the procurator-general, and of the judge of the court. Some of his friends, satisfied of his recovery, applied to the authorities to have him discharged. The examinations of M. Ferrus verified a notable improvement, but not a complete cure. MM. Ferrus and Rostan visited M. X., in whom they could discover no symptom of insanity, or of paralysis. They advised greater liberty, walks in the country and amusements, and if the improvement continued, a journey, and finally removal either to the country residence of the patient, or that of a friend. M. X. is removed to another part of the house, where he is no longer in communication with the insane. During the whole autumn he goes out many hours daily ; he passes his evenings in rational society, and we are able to observe him still more closely. He presents no symptoms of derangement ; his conversation is rational, his manners are agreeable, and, according to the opinion of people who had known him for a long time, he was never better ; he appeared to be restored in fact to his normal condition. Towards the end of autumn he was not so well ; was more irritable, and committed improprieties if my presence did not

restrain him. He formed anew absurd projects, aspired to great employments, talked much more, could no longer be permitted to walk out, and demanded his liberty with great earnestness. The procurator-general questioned him, and my advice was asked. It was contrary to the wishes of the patient and those of his friends, who were constantly running to the different authorities. Towards the end of December, our learned colleague, M. Parchappe, was appointed by the court to state his mental condition. This distinguished physician visited him twice with an interval of three weeks. During the first interview, the patient answered in such a manner as to leave some doubt in the mind of M. Parchappe. On the second examination the intellectual impairment, the defect of reason and judgment are manifest; nevertheless there is no embarrassment of speech,—at the most perhaps a slight hesitancy very rarely noticed, such as existed, it was said, before the attack; and no other symptom of paralysis. M. Parchappe was decided as to the necessity of keeping M. X. in the institution, and confirmed the unfavorable prognosis given by M. Ferrus and myself at the time of his admission into my establishment. The disease continues to progress, the symptoms of paralysis of the tongue, and of the extremities have commenced anew, and at present he is in a state of complete dementia.

The psychical phenomena at first united to the somatic, remained after the latter had disappeared. They then showed themselves with renewed activity, while the symptoms of paralysis only returned at a later period. At present the two orders of symptoms are reunited, but they are far from being of the same intensity.

Two other patients lately seen by MM. Rostan and Ferrus presented remissions nearly similar. The first, who was sent to me by Dr. Lourel, presented symptoms of melancholia with difficulty of speech; some months later the melancholia subsided, leaving only slight weakness of intellect and want of mental activity and energy, but the stammering was more apparent than at first. Dilatation of the right pupil, observed in the commencement, persisted without any diminution. Within three months the patient has gone to live with



a member of his family. We have little expectation of his recovery. The second, a patient of Dr. Bossion, manifested, in 1856, considerable mental excitement, accompanied with ideas of grandeur and ambition. He believed himself to have been placed in the establishment by order of the Emperor, and during the first six months always addressed me by the title of Prince. His speech was at times embarrassed, and the articulation was imperfect. During the first months of 1857 there was almost complete remission. The most of the symptoms had disappeared to such an extent that it was thought that the patient might soon be restored to his family. In the course of the summer the symptoms were renewed in an aggravated form; complete dementia, involuntary evacuations, filthiness, prostration, eschars on different parts of the body, extreme emaciation, thickness of speech, and difficult and tottering gait. The symptoms of paralysis, however, do not equal those of the intellectual impairment, which has reached almost the last degree. Towards autumn the paralytic symptoms disappeared; nutrition is again accomplished, the sleep is good, and the flesh is regained, the intellect is restored, incoherence of ideas no longer exists, the memory is perfect, he is no longer insane, thinks himself well, and wishes to return to his home, or go to the country. MM. Ferrus, Rostan and Bossion are consulted, and think it necessary that his stay should still be prolonged, notwithstanding the great improvement. Four months after, the mind is again depressed, the circle of ideas is limited, the patient repeats constantly the same words. The speech is free, there remains only slight hesitation, the step is firm, the muscular strength good, embonpoint considerable. M. X. has returned to habits of remarkable propriety, his toilet is carefully attended to, the paralysis is scarcely perceptible, but the intellectual impairment is more apparent. During the last month the dementia is more obvious, and the somatic phenomena, which had disappeared, have shown themselves afresh. Emaciation came on suddenly, and makes daily progress, he has again become filthy, and his physical strength gradually diminishes.

Depressive insanity, with a tendency to hypochondriasis or mel-

ancholia, which complicate general paralysis much oftener than was at first supposed, may deceive inattentive physicians, or those who have not made a special study of insanity. In the *Union Médicale*, of November, 1849, and in the *Annales Médico-Psychologiques*, 1850, I noticed a mistake that had been committed by Ricamier in the case of a patient affected with profound melancholia, accompanied with general paralysis. The latter had come on so insidiously, and almost imperceptibly, that one of the most learned physicians, a highly distinguished alienist, gave the following certificate, on the 27th September, 1845. "I, the undersigned, Physician to the Asylum of X., certify that M. is affected with melancholia, with a tendency to become chronic, and that I believe it necessary to place him in an asylum for the insane." On the 29th, two days afterwards, I noted the situation of the patient had become more serious. In six weeks after his admission, when the paralysis had made rapid progress, and his weakness had become extreme, he was visited by Ricamier, who persisted in not recognizing the existence of general paralysis. The next day, Dr. Foville saw the patient in consultation, and at the first glance confirmed my diagnosis. Some days later the somatic and psychical symptoms were more decided; fears of poison, of loss of fortune, of sudden death, &c., paralysis of the bladder, weakness of the extremities, increased impediment of speech. The patient was taken to another house, where he could be seen more frequently by Ricamier, and died a few days afterwards.

This case demonstrates the difficulties that may be experienced in making out the diagnosis of paralysis accompanied with insanity under the form of melancholia. It is evident that the alienist physician who gave the certificate, either had not examined the patient carefully, had been misled by the depressive form of the insanity, or had only seen him at a time when the somatic phenomena were not manifested; which latter is the most probable. As to Professor Ricamier, he was entirely mistaken in the nature of the disease, and if anything could excuse him for persisting in seeing only melancholia in the case of M. X., notwithstanding the assertions of Dr. Foville



and myself, it is, that he was a stranger to the study of mental disorder.

At the meeting of the 20th November, 1857, of the Society of Medicine of the Department of the Seine, M. Baillarger called the attention of that learned body to a form of special insanity, which he called hypochondriasis, which he had observed in the course of general paralysis, in which, said he, it appeared to be met with almost exclusively. This learned alienist believes that this form of mental aberration ought to be distinguished from ordinary hypochondriasis, and even from melancholia, which often show themselves among the paralytic insane. I have frequently observed the form of aberration of which M. Baillarger has spoken, and I confess I have never considered it as special in its character, but simply as a complication, or rather as one of the epiphenomena which are frequently observed not only in general paralysis with insanity, but in different forms of mental alienation. This hypochondriacal aberration is often related to melancholia, and if the patients are examined carefully, and for a sufficient length of time, it will be found that the symptoms of these two morbid states are combined or intermingled, so that the patients will say not only that they are attacked with a mortal disease, that they are going to die, that they are dead already, that they have no tongue nor mouth, nor swallow, nor stomach, nor lungs, that they are constipated, that for years their food has accumulated in their bowels, that they are impotent, that they have no virile member, that their heart does not beat, that they have no pulse, &c.; but also that they are ruined, betrayed, abandoned, poisoned, in the deepest misery, the most unhappy of mortals; that their family, relations and friends are all dead; that they have been murdered after enduring the most cruel tortures. Under hallucinations of the different senses, and delusions of a distressing nature, they shed abundant tears, and give themselves up to despair.

In most of the cases which I have observed, I have remarked the connection of the phenomena which characterize these two forms of aberration, with predominance sometimes of hypochondriacal, sometimes of melancholic ideas; and I think that in regarding them

more closely we will find them almost always united, not perhaps constantly, but more or less intimately, and we will be convinced that they are merely complications or epiphenomena, nearly related to each other, and resulting from the condition of mental and moral enfeeblement in which the patients exist.

The fact being admitted that general paralysis is met with under these two forms of excitement and depression, the alternation in the course of the same affection of these opposite states, so remarkable for the contrast they present, has not been sufficiently noticed. On certain days the paralytic insane are in a state of extreme jubilation. Every thing smiles for them ; fortune favors them ; they are worth millions ; they believe themselves poets, princes, or kings ; that they are in splendid health ; that they are beautiful, young, vigorous, and of gigantic stature. The following day they are sad, they weep, they are in the most profound misery ; they think themselves dying, or attacked with the most dangerous diseases ; in a word they are a prey to the series of symptoms which characterize the state of hypochondriacal melancholy, of which I have spoken above. The changes in the mental condition of these patients take place at longer or shorter intervals. They are observed sometimes, though rarely, in the course of a single day. I have generally observed them in the morning, on the patient's rising, so that on seeing them at that hour either joyous or distressed, could almost be certain of the condition in which they would continue during the day. It has appeared to me that this emotional condition was due to hallucinations supervening during the night, or rather, I might say, to dreams, which by reason of their depressing or exciting character, had impressed them strongly, and changed the course of their waking thoughts. I am disposed to attribute these changes to dreams rather than to hallucinations, because the latter, which frequently occur in the daytime, are but seldom followed by any change in the condition of the patient. Whether they are produced by dreams or hallucinations, it is especially at the moment of waking that one is struck by the complete change which they present in their mental manifestations. In a number of cases collected during two years, I have



noticed with scrupulous care these variations in the psychical symptoms of the paralytic insane, and I have thought it proper to call the attention of observers to the subject.

I consider the state of mental depression which is met with in the course of general paralysis as a complication, which shows itself sometimes under the melancholic, and sometimes under the hypochondriacal form, and almost constantly under both at the same time, so that it may be said that the depressed condition of the intellectual and moral faculties, although varying in symptomatic expression, is nevertheless in reality one and the same morbid condition. I regret in this respect not to coincide with the opinion of M. Baillarger, but I do not believe in the existence of a special, hypochondriacal aberration. The depressive form is only a variety of general paralysis of the insane, whose numerous and proteiform symptoms present a character and physiognomy varying in almost every case.

Does general paralysis, accompanied with hypochondriasis or melancholia, make more rapid progress, and does it end more promptly in death than the other forms? Is the gangrenous diathesis more rapidly developed? M. Baillarger answers in the affirmative. The greater number of general paralytics whom I have seen affected with either hypochondriasis or melancholia have lived but a short time, and have suffered from gangrenous eschars. Ought the disposition to gangrene and the fatal termination to be attributed to this complication? It can be easily understood that in the depressive form the progress of the disease should be rapid, for these patients, almost always a prey to the most distressing delusions, the most painful hallucinations, and to unusual visceral sensations, deprived of sleep and of repose both day and night, refusing to eat and to drink, except at irregular intervals or when compelled by artificial means, fall rapidly into a very feeble state, accompanied with frightful emaciation. In such a condition the circulation daily becomes weaker, assimilation no longer goes on, all the functions become languishing and are performed imperfectly. The consequence which must result is easily foreseen. We ought not, therefore, to be surprised that the

gangrenous diathesis otherwise so frequent in general paralysis, even when accompanied with expansive delusions, should under these unfavorable circumstances exercise a still more injurious influence, and that a speedily fatal termination should be the result.

M. Baillarger says, that this hypochondriacal form may in certain cases aid in the diagnosis of general paralysis. But hypochondriacal melancholy is quite frequently met with when there is no lesion of motion; so that its presence might completely lead into error if the other symptoms were neglected.

On the 28th Feb., 1847, our learned colleague, M. Ferrus, sent me a patient, who at first showed only morbid psychical symptoms, ambitious, extravagant ideas, and insane projects. A few days afterwards, we observed that there were embarrassment and difficulty of speech—symptoms which his family had noticed previously to his admission. The following passages of a letter, written a few weeks after his entrance into my asylum, will show his mental condition.

“Sire :—I resort to your assistance for deliverance from the prison in which I have been confined for the last eighteen days. Sent by God, I come to improve immensely the condition of mankind throughout the whole earth. One night, while lying awake, I was bathed in a splendor which overpowered me, and in a light which penetrated my inmost soul. I then received a divine revelation, which is to change the face of the world, and to bring men immeasurably nearer the Deity. God has chosen me to establish it in the earth. \* \* Jesus Christ, my predecessor. \* \* I can make 150 millions of money in a day. I have discovered perpetual motion,” &c.

In about three months perceptible improvement was manifested. The conversation of M. X. became rational, his letters were sane, his stammering disappeared, and he repeatedly demanded his discharge. I believed he was concealing his real condition, and charged him with certain insane expressions he had uttered. He then sent me the following account to prove to me that he was no longer insane; notwithstanding at the same moment he made presents of the value of one hundred thousand francs, and wished to buy a residence in the Champs Elysees.



“My insanity had not yet reached its height when I entered the Pinel establishment, which was only three or four days after its commencement. I can not explain how such absurd ideas, which I am now myself astonished at, could have entered my mind. I wrote to the king and queen letters which truly could only have been the product of a diseased brain. I recollect that I announced to them that we were to sail through the air in frigates, lightened by means of a vacuum; that water-wheels and railway-carriages were to be moved by a constant stream of running water, which was to perpetuate itself. Hence an inexhaustible source of wealth. I recollect also very well, that I intended to traverse the earth by means of a hole which was to penetrate to the antipodes. I had then entirely lost my reason, and I thank the good God who has been pleased to recall me to my senses, and to make me as sane now as I was bewildered three months ago. These observations may be useful to that science which treats of disorders of the brain. In writing my history now, I feel as though I was writing that of another man. My reason has returned perfectly, and I only feel a sort of shame at having given such clear proofs of mental unsoundness. Nevertheless I have no apprehension for the future. All that has passed seems like a dream, and I wake in my perfect senses. Done at the Palace of St. James, 4th June, 1847.”

What I have related of M. X. goes to prove that it is sometimes difficult to ascertain the actual condition of the patient, unless he is examined very carefully. If I had judged of his state by the conversations I had with him, and the letters he wrote me, I should have declared positively that he was not insane.

On the 7th May, 1855, I received into my establishment M. X., whose condition is described in the following certificate.

“The undersigned physicians certify that M. X. is affected with dementia and general paralysis, the consequence of cerebral disease of about one year’s standing, and that his condition requires confinement in an institution for the insane.” (Signed LEGROUX, FOVILLE, MAGNE.)

My certificate stated that he was attacked with dementia and general paralysis, characterized by impairment of the power of locomotion.

During the first few months M. X. experienced some difficulty of speech, stammering and spasmodic twitching of the lips, his hands were tremulous, his lower limbs were feeble, his gait unsteady and

slightly tottering. Memory of facts long transpired is good ; it is weak and confused in regard to recent occurrences, and his ideas are vain and irrational. A double amaurosis has existed about two years, and blindness is complete ; yet the patient persists in saying that he can see. Towards Autumn there was some diminution of the paralytic symptoms.

Drs. Foville and Legroux visited the patient again, in December, and noted an improvement in the lesion of motion ; but the same impairment of the intellectual faculties as at first. During the winter his family requested that he might be placed under guardianship. He was questioned by the judge, and by a deputy of the procurator-general, and the court upon the result of the examination granted the interdiction. Towards the end of winter the physical symptoms had almost disappeared. He was somewhat more rational ; nevertheless the mental impairment could not be doubtful. About the first of May, M. X. was taken from the establishment, and a short time after demanded the removal of the interdiction. Three physicians were commissioned to examine the patient. Their certificate states that M. X. has not been attacked with general paralysis, and that he could not have been affected with it, for that disease is incurable.

The family requested MM. Ferrus, Foville, Baillarger and Pinel to visit the patient. They examined him at different times very carefully, and decided that he was in a state of mental impairment, and unable to direct his movements, or to manage his estate.

MM. Falret, Brierre de Boismont, and Blanche, appointed by the court to report upon the patient, are still more explicit. They say that he is affected with a lesion of the muscular functions, with notable impairment of the intellect, and conclude in the same manner.

M. X. is placed in a private asylum, where he is submitted for eight days to the examination of the directing physician. This gentleman attempts to prove in his report that M. X. could not have been affected with general paralysis, because that disease always goes on increasing, is never cured, and remissions never occur at the stage to which he has arrived. The inferior court, and the court of



Appeal removed the interdiction, a judiciary counsel only being given to M. X., who was well enough to marry, a few months afterwards.

At the conclusion of our last meeting, Dr. Lisle informed me that M. X. was in a condition of mind that in his opinion left nothing to be desired. If this is correct, his must be a case of recovery from general paralysis. I do not wish that we should enter into any discussion of this case. I only desire to remark that three physicians, in the first place, declared the existence of general paralysis; that two of them verified it anew, seven months afterwards; that the physician of the prefecture certified it at three different times; that the physicians of the asylum, who had the patient under their care during a whole year, also attested it; that three alienist physicians, appointed by the court, gave the same opinion; that two other alienists, to whom were added Drs. Foville and Pinel, shared the same opinion; that notwithstanding four other physicians of incontestible merit thought themselves warranted in affirming, that M. X. never could have been attacked with general paralysis because there actually existed no symptom of that disease which in their opinion was incurable.

This case, of which I have only given a brief outline, goes to show what I wished to prove in relating other cases of general paralysis, namely, that under certain circumstances its diagnosis becomes the more difficult, as the symptoms which characterize it diminish or disappear, to such an extent, that it is impossible to observe any traces of them, and that the disappearance of one set of symptoms may raise a doubt sometimes that there has been general paralysis, at others that there has been mental disorder. If you examine an insane general paralytic during a remission, in which the somatic symptoms have ceased to be manifested, you certainly can not believe in the present existence of general paralysis, but it would not be proper to assert that the patient never had been affected with it. It is the same when the psychical symptoms are no longer manifested, are transient, or are concealed by the patient. We may in such cases, which are more common than has been supposed, commit errors, and may not be able to discover at once the real

physical and mental condition of the patient. Continued attention, successive and frequent examinations, a careful study, not only of the present but of the anterior condition of the patient, are means which can not fail to enlighten conscientious men who are sincerely desirous above all things of getting at the truth.

It has been repeatedly said that general paralysis is incurable. I think that the word incurable ought to be banished from pathology, and from the vocabulary of hospitals. Must we inscribe upon the front of asylums where insane paralytics are received, the despairing words of the celebrated Italian poet ?

“Voi qu’ intrate lasciate ogni speranza.”

Must physicians still remain under the painful belief that all their efforts are, and must ever be in vain ? Must it be that without confidence in their prescriptions, their gloomy prognosis must continue to lacerate hearts already too unhappy ?

For my part, I have a profound conviction that general paralysis is not beyond the resources of medicine, and I am happy to be able to base my opinion on many incontestible cases of success, and among others on that remarkable one preserved by M. Ferrus, and related in the thesis of M. Lasegue. I hope the time is not distant when we may count on a greater number of cases. I will submit, if I am not mistaken, an example for your consideration.

M. B., an advocate, aged 60 years, entered the 13th of April, 1846, having suffered about 18 years before, an attack of apoplexy, in consequence of which he had incomplete hemiplegia of the right side, which continued to affect the leg. It permitted him, however, to walk, and even to follow the chase. M. B., who up to this time had followed the profession of law with great distinction, no longer pursued the duties of his vocation. He preserved the full integrity of his mental faculties, and was much esteemed in the society he frequented. He was happy in his domestic relations, and was much attached to his wife, by whom he had one daughter.

M. B., who had exhausted the pleasures of life, especially in regard to women, had no sexual intercourse with his wife for about



two years, and it was remarked during this time that he was somewhat sombre and morose. Some months before his entrance into my establishment he became gay and joyous, he experienced frequent erections, and finding that his wife could no longer content him, he resorted to houses of ill-fame, where he gave himself up to sexual excesses. He was attacked with severe priapism, and about the same time showed symptoms of ambitious insanity. The physicians of the town having employed various means without success advised his wife to take him to Paris, and to place him in an asylum for the insane. Seated in the coupé of the diligence with his wife, and daughter, 12 years of age, he never ceased singing and behaving obscenely, and the mother was obliged to put the daughter inside of the coach to spare her the pain of such an exhibition. Left alone with his wife, he stripped himself to his shirt, and during the night had connection a dozen times, with seminal discharges. The day after his arrival in Paris he was brought to my establishment under the idea of going to a distinguished chemist for the purpose of presenting to him his plans for the exploration of a mine of "fossil turpentine," of which he had specimens in his pocket handkerchief.

His condition was as follows: Head hot, principally over the occipital region, face flushed, eyes brilliant, countenance smiling, speech difficult, occasional stammering, loquacity, agitation, obscene conduct, desire to see women, partial paralysis of the right lower extremity, the right arm the same as the left, circulation regular and normal, memory of recent occurrences feeble. The following days the excitement increases, he sings obscene songs, forms insane projects, believes himself immensely rich. He is general, king, emperor, is going to the assistance of Poland with a regiment of cuirassiers, which, after the fashion of the middle ages, he will raise at his own expense. The satyriasis increases; he marries a princess of the blood royal; he cries out, vociferates, calls for young women to satisfy his burning desires; insomnia, incessant loquacity, hallucinations. He talks with girls whom he thinks he holds in his arms; he calls them by name; he is in ecstasy over the happiness, the delight and the pleasure they give him. He expatiates on their charms; he is in a complete intoxication of pleasure.

This state of excitement of the genital organs continues for three weeks, and at length yields under the means employed,—cups to the nape of the neck, baths prolonged for five, six, eight or ten hours daily, with the cold douche in a fine shower upon the head during the bath, laxatives, mucilaginous and nitrous drinks, camphorated potions, opiates, and a low diet.

The general paralysis progressed. The patient became filthy; he allowed his excrement and urine to escape in his bed and in his clothing; he rolled in filth; his limbs were weaker, and could scarcely support his weight; he dragged both feet in walking, and his tottering gait became more and more difficult. His speech is embarrassed and tongue tremulous; he is badly nourished and emaciates daily. His legs and feet are œdematous, his eyes are dull, his aspect stupid, his countenance wears a perpetual, silly smile, his sensibility is obtuse, and his memory null. The emotional feelings are almost abolished; he sees his wife and leaves her with indifference; says he is the happiest of men; is incapable of holding or following the slightest conversation. One thing alone occupies and absorbs him; that is the diamonds of which he has discovered a mine in the garden of his division. He passes his time in digging up the ground, and collecting all the pebbles he can find, which he believes are precious stones whose value is incalculable. He picks them out, classifies and puts them away in a part of the garden, to be deposited finally in his collection. The most valuable are placed sometimes in such quantities in his pockets, and in his shirt, of which he forms a kind of bag above his pantaloons, that he is unable to rise from the spot where he is sitting. If his hands are confined he digs the earth with his feet. If he is compelled to leave his mine and his diamonds, he cries, he shows the utmost distress, and begs in mercy to be allowed to return to them. Once there he no longer shrieks, and is perfectly quiet. His urine, which escapes constantly, is so charged with albumen that it is quite milky in its appearance. His filthy habits increase; he has some hours of sleep, but at the dawn of day he wishes to rise. He cries out and knocks for his attendant to open the door so that he may resume his work.



The physical and mental weakness increases ; he can not walk without assistance. His appetite is insatiable.

Towards the beginning of August, four months after his admission, he has fever, abdominal pains, dysentery, difficult respiration, severe bronchitis, considerable œdematous swelling of the legs and feet, with erysipelas of the left leg, frequent and small pulse, extreme debility, burning thirst, red and dry tongue, continual delusions, constant gayety, unmeaning laughter, difficult pronunciation, dorsal decubitus, gangrenous eschars on the sacrum and right heel. (Rice-water, starch injections with laudanum, opiated gum-water, poultices over the abdomen, diascordium, wine of quinine, and rich soups.)

Under the influence of this treatment, the symptoms of the intercurrent malady diminished, and toward the end of the month the patient could leave his bed. The insane ideas are of the same character, but more numerous. He is the owner of the château of Randan, belonging to Madame Adelaide ; he is worth millions. He continues to be filthy, night and day ; is unable to stand, and scarcely to sit. He lies down to gather diamonds, and says that he is the happiest man in the world. His limbs are œdematous, especially in the evening.

About the beginning of September, two cauteries were applied to the neck, cold shower-baths were directed, and the wine of quinine and tonic regimen were continued. His system is better nourished ; he is more calm at night, and sleeps better ; his evacuations are more under the control of his will, and he is more cleanly in his habits. He has gained flesh and strength, and he is able to walk out. His speech is less embarrassed, but his insanity continues ; he wishes to leave the asylum, because he thinks himself well, and expresses his wishes very earnestly. He is somewhat less occupied with his diamonds.

Towards the middle of September, his mind appears less disordered. His conversation is connected, and more rational ; his memory is improved ; he desires to see his family, and complains that no one comes to visit him. He talks less of his whimsical ideas, which

we have not ceased to combat, and is not so positive in speaking of them. His convictions have been shaken by the frequent conversations we have had together. He sleeps well ; the functions are all natural ; he is calm, reads, walks out and amuses himself. He still thinks that the pebbles he has collected are diamonds, but does not seek for others, and neglects those which have been gathered. He persists in saying that he is the owner of the château of Randan ; writes insane letters to his wife and to his friends ; thinks his wife has not left Paris, and pretends that he has seen her and his daughter, and that he has been deceived. Always having had confidence in us, and grateful for the interest we had taken in his welfare, he listened with attention when we attempted to convince him that he had been the sport of numerous illusions and insane ideas, which had prevented the exercise of his rational judgment. We announced to him a letter from his wife, her speedy return to Paris, and her intention of taking him back to his family. Two days later, about the end of September, he received a letter from his wife, and from that moment there was no trace of insanity. He admitted that he had been insane, and declared that he was delivered forever from his delusions, and manifested to us the most lively gratitude. His wife arrived, and he saw her with pleasure. She found him entirely rational ; his speech was unembarrassed ; his conversation was agreeable and full of amenity. He left on the 10th of October, in a perfectly sane condition of mind, and returned to his native country. During the ten years that elapsed until his death, he continued entirely well, and wrote us many letters to testify his grateful feelings.



## APPOINTMENT OF GUARDIAN IN CASE OF INSANITY.

GURNSEY Co. (O.) COURT OF COMMON PLEAS.

[*From the Western Law Monthly, February, 1859.*]

In January, 1857, John Cox, by his attorneys, made a motion, in the Probate Court, for the appointment of a guardian for Church Cox, on the ground that he was insane; and two or three affidavits being submitted, the Judge entered upon the journal, that it appeared "to the satisfaction of the Court, from testimony introduced, that Church Cox, from old age, has become of unsound mind, and mentally incapable of managing his affairs;" and thereupon, appointed Thomas Anderson guardian of said Church Cox, who was a man of large property, and at the time residing in the county, and in no way concealed. And it appearing that the plaintiff in error was not brought before the Probate Court, nor in any way notified of the proceeding, it was assigned for error that the Probate Court had no power to make the appointment.

OKEY, J.—Under the English practice, it seems that notice of granting the commission and appointing a committee for a lunatic has not been required. True, the party has a right, if he desires, to be present at the execution of the commission, which issues in all cases unless the property is very small; the commissioners and jury have a right to inspect and examine the supposed lunatic; and as the commission is executed at his residence unless he is concealed or abroad, notice in fact is generally received, and the party is present at the inquest. Indeed, the general rule is to examine the supposed lunatic in some mode. And, moreover, he may, as of right, have a traverse of the inquisition, which is also triable by jury. But Mr. Shelford, in speaking of the fact that notice is not required, remarks that "it is a subject of surprise that any such rule as this should still prevail;" and his reasoning is very conclusive against allowing "a comparatively secret tribunal to sit in judgment upon the actions

and state of mind of a party, without his having an opportunity to prepare his own vindication, and defend himself against the imputation of insanity.”—*Shelford on Lunatics*, 102, note.

That cumbersome and very expensive proceeding would be inapplicable in Ohio, where the property of the lunatic is generally small; and it has not been at any time fully adopted in this State. Jurisdiction over the subject was possessed, in turn, by the Judges of Probate, the Courts of Common Pleas, Justices of the Peace and Associate Judges. From the passage of the first act in 1795, until 1850, the question of sanity was in all cases determined by a jury, sometimes composed of twelve men, and at others of no more than five—the jury being summoned before the officer or tribunal, on the application of some person or officer, made verbally under the earlier acts, and afterwards in writing; and from 1815, until 1850, by the provisions of every act, the person alleged to be insane, (unless absent or concealed,) was brought before the court or officer, and the inquest was held in his presence. 1 *Chase* 127, 191, 339, 489; 2 *Ib.* 869, 1009, 1077, 1227, 1318; *Swan*, (old ed.) 567. And in practice the supposed lunatic had the right to call witnesses in his own behalf.

Nor, will it be found, upon a fair examination of the later acts, that any change has been made, as to the right of the supposed lunatic to notice in fact of the proceeding. The act in force at the passage of the act of 1850, (2 *Curwen*, 1554,) was the act of 1838, (*Swan*, old ed., 567,) which, after providing in what manner the party should be brought before an Associate Judge, and the question as to his sanity be determined by a jury, preparatory to his admission into the Lunatic Asylum, enacted that the inquest, preliminary to the appointment of a guardian, should be held in the same manner. The act of 1850—under which, for the first time in the history of our legislation on the subject, a jury was dispensed with—provided that the question as to the sanity of the party should be determined by two Justices of the Peace, upon personal examination of the supposed lunatic, and upon the testimony of witnesses; and although the sections of that act, which provided in what manner



inquests should be held, were enacted with reference to inquests preparatory to the admission of patients into the Lunatic Asylum, and did not, as in the act of 1838, in terms, apply to the proceedings for the appointment of a guardian for a lunatic ; yet they were regarded as being so far analogous, that it appears the uniform practice in the Common Pleas, which had jurisdiction over the subject, was to appoint the guardian on production of the Justices' inquest, if one had been held ; or, if no inquest had been held, to require the supposed lunatic to be brought into Court, if at all practicable, and an inquest to be held there ; and I cannot learn that under the provisions, Sec. 38, empowering the Court to make the appointment "upon satisfactory proof" of the insanity, a guardian was appointed in any case without an inquest being held in some form.

While the act of 1850 was in force, the Probate Code of 1852, (3 *Curwen*, 1717,) conferred upon the Probate Court jurisdiction "in inquests as to lunatics, insane persons and idiots ;" and the Probate Code of 1853, (3 *Curwen*, 2041,) re-enacted in 1854, (*Swan*, 753,) conferred upon the Probate Court exclusive jurisdiction "to make inquests respecting lunatics, insane persons, idiots and deaf and dumb persons, subject by law to guardianship." Nor is the necessity of an inquest taken away by the act of 1856, 53, O. L., 81, which now regulates the relation of guardian for lunatics ; it is only a re-enactment of the act of 1850, modified with reference to the transfer of jurisdiction to the Probate Court. Under this act, inquests are held before the Probate Judge, who, upon affidavit of the insanity, causes the supposed lunatic to be brought before him by warrant, and upon personal examination and the testimony of witnesses, determines the question as to the sanity of the party. And although the sections of the act of 1856, which provide in what manner inquests concerning lunatics shall be held, were enacted, as in the act of 1850, with reference to the admission of patients into a Lunatic Asylum, and do not in terms apply to the proceedings for the appointment of a guardian, which section 41 provides shall be made by the Probate Judge "upon satisfactory proof" of the insanity ; yet the whole act must be taken together, and in connection

with the act which clothes the Court with jurisdiction "to make inquests respecting lunatics," which is still in full force. And as that power to hold "inquests" with respect to lunatics "subject by law to guardianship," has reference to a proceeding sanctioned by the practice of more than forty years, of which the supposed lunatic (unless concealed or abroad) has notice in fact—indeed at which he is present—it is not in the power of the Probate Court to dispense with the notice, if it can, by reasonable diligence, be given.

Doubtless, if by reason of the condition of the party, it should be impracticable to bring him before the Probate Court, a commission could issue, or the inquest be made in some other way. And if the person alleged to be insane should be concealed, a guardian could certainly be appointed upon satisfactory evidence of that fact and of the insanity. But that a guardian can be set over the person and property and minor children of any man, upon *ex-parte* affidavits that he is insane, without any notice to him, and while he is a resident of the county where the appointment is made, and in no way concealed, is probably not in accordance with the approved practice anywhere, and no such power could safely be lodged with any Court. Such a proceeding can in no sense be regarded as an "inquest;" and hence there was not, in this case, "satisfactory proof" of insanity, within the meaning of the act.

It is urged, however, that two provisions of the act of 1856 effectually guard against the infraction of any valuable right of the supposed lunatic. 1. That the party so found to be insane may, under sec. 31, have the benefit of the writ of *habeas corpus*. 2. That under sec. 51, whenever the Probate Judge shall be satisfied that a lunatic is restored to reason, or that letters of guardianship have improperly issued, he shall make an order that the guardianship terminate. But it seems the remedy by *habeas corpus* only applies where the person is actually confined;\* and with respect to both modes of redress, it is perhaps sufficient to say, that the burden of

\*Since the decision in this case was made, the report of the case *ex parte SHAW*, has been published, 7 Ohio St. R. 81, in which it is held that a writ of *habeas corpus* is not adapted to the review, and annulling, as upon a writ of



proof to invalidate the finding of the Judge, is cast upon a party (whose residence in the county was in this instance at all times open and notorious) without giving him a day in Court. Moreover, substantially the same right which the supposed lunatic has under sec. 51, was secured by the act of 1815, and has been continued in force ever since.

The case of *Allis v. Morton and another*, 4 Gray, 63, appears to be much in point. THOMAS, J., in delivering the opinion of the Court, says: "To say one is insane, and therefore need not be notified, is to decide the question before it is tried. Nor would the existence of insanity be a good reason for dispensing with notice. A man may be insane so as to be a fit subject for guardianship, and yet have a sensible opinion and strong feeling upon the question who that guardian shall be. And that opinion and feeling it would be the duty as well as the pleasure of the Court anxiously to consult, as the happiness of the ward and his restoration to health might depend upon it.

"But if the party is wholly demented, yet there are always friends interested in the question, and whom the notice might reach; and the very fact of his incapacity to take care of himself furnishes a strong reason for caution and publicity in all the steps taken.

"The fair construction of secs. 9, 22 of Ch. 79 of the Rev. Sts., taken together, lead to the same result. And if the statutes were wholly silent on the subject, the benignant principles of the common law would require the notice to be given. *Chase v. Hathaway*, 14 Mass. 222." See also *In Re Russel*, 1 Barbour's Ch. R. 38; *Lackey v. Lackey*, 8 B. Monroe, 107.

Order reversed.

error, of final decisions of Courts, and the practice of so applying it has been strongly censured.

The final decision of a Court having competent jurisdiction of the subject and person is final, until reversed by a regular proceeding for that purpose. And a writ of *habeas corpus* is not such a proceeding.—ED.

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*Transactions of the American Medical Association, Vol. IX.*  
Philadelphia: Collins, Printer, 1858.

Two elaborate contributions to the literature of insanity have been called forth by the American Medical Association, within the past year, and are published in its latest volume of Transactions. These are, a Report on Moral Insanity, by Dr. D. M. Reese, of New York city; and a Report on the Medical Jurisprudence of Insanity, by Dr. C. B. Coventry, of Utica, N. Y. Both papers treat especially of the legal relations of mental disease, and each represents in part one of the two opposing theories under which these relations are discussed. Much as is contained in the records of law, and of mental medicine, upon this subject, it has not hitherto been sufficiently before the general profession of medicine, and we heartily welcome these contributions, which, falling into the ordinary channels of medical literature, will be widely disseminated and perused.

The immediate occasion of the special interest of the Association in the legal relations of insanity is probably to be found in the history of the celebrated Huntington case. With the particulars of that case most of our readers are acquainted. A young man, at the height of a most reckless career of fashionable vice, is arraigned for the crime of forgery. Proof as to the facts of forgery is overwhelming, and the plea of insanity is interposed. Two physicians of the first rank in their profession learn the history of the prisoner from his relatives and counsel, examine him very briefly, and under unfavorable circumstances, two or three times while in prison, listen to the evidence at his trial, and afterwards testify to his insanity. They are pressed to name the division of mental disease to which the case belongs, and they use the term "moral insanity." It is not very easy to determine from the evidence of these gentlemen what



were their exact views regarding moral insanity, as their definitions seem inconsistent with themselves, as well as with each other. They approach those, however, of the materialistic and phrenologic school of Spurzheim and others ; and in regard to the nature and relations of mind, are radically unlike those on which society is based and the treatment of disease conducted.

In the general storm of adverse criticism evoked from the popular and medical press by this defense, and the testimony brought to sustain it, Dr. Reese bore a prominent part, and was sustained by the result of the trial, and the sense of the profession and the community. In the heat of a semi-popular debate the merits of the particular case, rather than general propositions, would naturally receive attention. So too would there be some carelessness of language, some possible want of candor in argument, and some bluntness of style. These characteristics are partially retained in this paper, and render it less useful in its place than it otherwise would have been.

What is moral insanity ? is the question first asked by the writer. Now, the question to which an answer is wanted by the vast number of medical men is not, What is the moral insanity of the school of phrenologists or ultra somatists ? but what is the meaning of the term as used by the authorities in mental medicine, what place has it in a standard classification of mental diseases, and what are its synonyms ? Casuists and divines may concern themselves with the former question, but it does not touch the point with which possible medical witnesses are concerned.

In the nosology of mental disease, the latest writers, with but few exceptions, having made mania and dementia the primary divisions of insanity, divide mania into three varieties, corresponding with the divisions of the faculties in mental science ; viz., the intellectual, the emotional or moral, and the instinctive or impulsive. That such a division, properly defined and guarded, is a natural and useful one, has been generally admitted. Its advantage over the indefinite sub-division into general and partial mania is seen at once by all who are called to classify cases of mental disorder. It also dis-

courages the use of the term monomania, and permits those who fairly object to ranking melancholia with the grand divisions, mania and dementia, to drop that term, and introduce an intellectual, and an emotional lypemania ; while it by no means suggests the admission of special manias, but rather the contrary. But this classification the very writers who use it say, is, like all others of mental disease, almost purely artificial, and useful only for purposes of description. No medical man since the revival of letters ever supposed, so far as we know, that acute mania, chronic mania, or melancholia were affections of separate lobes of the cerebrum, or that they were anything but descriptions of mental states. In the same sense is understood the division into intellectual, emotional or moral, and instinctive insanity, by nearly the whole of the specialty of mental medicine.

To the term moral insanity, or more properly moral mania, there are indeed very grave objections, on account of which it is becoming disused by those especially who have to treat of insanity in its legal and popular aspects. The word "moral" in the popular sense conveys a very different idea from that which attaches to it in mental philosophy, and a few cases similar to that of Huntington, with the writings of certain theorists in psychology, have wrested it so far from its technical meaning, that it is quite unfit for use.

Two other questions from which Dr. Reese proposes to discuss moral insanity, are aimed evidently at the Huntington case, and fall short of reaching the broad view of his subject. They are : "Wherein does 'moral insanity' differ from 'moral depravity,' in any case in which 'intellectual insanity' does not co-exist ?" "If insanity, whether intellectual or moral, be the result of physical disease of the brain, either functional or structural, are not the distinctions into partial or monomaniacal insanity, into mental and moral, wholly fabulous and visionary ?"

That the moral insanity of the phrenologists can in no way be distinguished from wickedness and criminality is certain. Of the nature and use of the classification referred to, enough has been already said. In commenting upon the latter, however, many perti-



nent and valuable suggestions are made to the medical witness. We can give only the following paragraph :

“ There is assuredly no more important or responsible position in which any medical man can be placed, than when called to be examined before a legal tribunal in a case of this character. Nor is there any duty so difficult to perform, without special preparation, by a cautious and diligent investigation of the individual case, and a full knowledge of its history, its etiology, its symptomatology, and, in short, its pathological phenomena, with the periods and order of their development, together with all the morbid perversions, intellectual, moral, or instinctive, which he can observe, or otherwise authenticate. Nor should an opinion ever be given by a medical man, in any doubtful case, on a cursory or brief examination, nor without such special preparation and repeated interviews as to protect him from his double liability to imposition and error. The insanity may be, and often is feigned so skillfully as to deceive the very elect ; while, where it exists, it is sometimes so adroitly concealed by ingenuity and artifices which insanity itself can alone invent, and which none but professional experts can readily detect, and these only after oft-repeated and continuous vigilance and skill. Hence, we cannot be too strongly impressed with the complicated difficulties and fearful responsibilities involved in such professional positions.

Again, we find Dr. Reese soundly rebuking those physicians who deny the possibility of forming a perfect definition or test of insanity, and refuse to admit any of the various judicial dogmas, as the “ right and wrong ” test, the “ delusion ” test, etc. Yet he ventures to propose “ a test and definition of insanity, as hypothetical merely, and which may be taken for what it is worth ; ” viz :

“ *A disease of the brain, by reason of which the functions of the mind are disturbed, and perverted, or alienated, without the consciousness of the intellectual and moral change which has occurred.* ”

In medicine this definition can not be accepted, as it would include under one name every form of cerebral disease in which mental derangement might be a symptom. Diseases are only known by their connection with an organic lesion or by a disturbance of function. Thus, “ softening of the brain ; ” “ typhoid fever. ” Is it proper, then, to say ; “ A disease of the brain *by reason of which,* ” &c. ? We do not say that inflammation is a disease, by reason of which heat, redness, &c., are produced. The second part of this definition

no one of the most moderate experience of the insane can ever make use of. A more or less perfect consciousness of an intellectual and emotional change, is nearer the rule than the exception in cases of insanity.

But we have done with criticism, and only yield to it that a too confident reliance upon the writer's theory of medical testimony in insanity, may not prevent the observance of that caution by his readers, which is not so essential in a practiced and powerful reasoner like Dr. Reese. The practical lesson urged upon medical witnesses in this report is indeed one of the first importance, and needs no abler exponent than its author. It is, that insanity, in a legal view, is a matter of fact, to be determined by common and expert sense, by patient and prolonged observation in each particular case, and without reference to systems of nosology, or hypotheses of cerebral function.

The Report of Dr. Coventry, on the Medical Jurisprudence of Insanity, is quite unlike, both in plan and execution, that on Moral Insanity. It is designed to place before the medical profession of the United States, a theory of insanity in accordance with the recognized authorities in mental medicine, its relations to law as deduced from the charges and decisions of courts, and the practical duties of medical witnesses in cases where the mental condition is the subject of judicial inquiry. The advantage to be expected from a practical treatise of this kind among the Reports of the Association, has been already indicated in this notice. The paper, as a whole, is well fitted to its purpose. It is concise, while at the same time in a practical view exhaustive. It is not too technical in its references to metaphysics, medicine, or law. Dr. Coventry has had a long and extensive acquaintance with his theme as a professional teacher, as an expert in insanity before courts, and as a writer in its various departments. These qualifications are not too great for a thorough and practical digest of authorities on this subject; and perhaps the writer has best served the purpose of his essay in confining himself mainly to such a task. Yet Dr. Coventry is one from whom we should like on some fitting occasion to learn, more particularly, the



results of his own wide experience and critical investigation in this field of medico-legal inquiry.

Reforms of every kind are indeed slow in their progress. Not that they are slow in being recognized, and assented to in theory, but in being practically adopted and carried out. The world rings with the praise of their author, and is filled with the possible benefits to be derived from his labors, centuries it may be, before their practical good results are felt throughout his own country or race. Dr. Coventry says truly, that "the legal relations of insanity, and the responsibility for supposed crime are as uncertain and unsettled as in the time of Blackstone or Lord Coke." This is because so comparatively little of the great light shed upon the subject of mental disease and its relations to human responsibility, during the past century, has yet penetrated the popular understanding, and the dogmas and precedents of the courts. But though slow in their progress "reforms never go backwards;" and the essay of Dr. Coventry is only one of many recent and valuable efforts to meet an increasing interest in insanity and its legal relations.

Among the principal hindrances to the ends of truth and justice, in the distinctions between sanity and insanity before the law, have been the persistent though always futile attempts of the courts to lay down a rigid test of insanity, and to draw forth from medical witnesses a perfect definition of it. Though equally unsuccessful, the former effort has been much the more serious in its ill results. This purpose, to erect a logical test of insanity, conceived in the deepest ignorance of its nature, and under the most superficial observation of its phenomena, yet insisted on to this day, has afforded to thousands, of less experience than Dr. C., instances as pitiable and disgraceful as those he presents.

"I have seen," he says, "weeks spent in the trial of a poor demented being, who seemed totally unconscious of what was going on, and who scarcely had the intelligence of a dog. One witness testified that he believed he had the intelligence of an ordinary child of five years, but was not insane. On such testimony the prisoner was convicted of murder, but died in prison. A *post-mortem* examination revealed extensive disease of the brain. In another case,

the prisoner, scarcely more intelligent, was convicted of murder, and hung. In a third case, the prisoner was convicted of murder, but the judge, instead of sentencing him, sent him to the asylum, where he still remains hopelessly insane."

Dr. C. treats as of no special importance the attempt to define insanity, and denies that any line of demarcation can be drawn between sanity and insanity. "No single principle" says he, "as a knowledge of right and wrong, of the presence or absence of delusion, or of resistless, uncontrollable impulse, can be adopted as applicable to all cases." This is certainly a most safe, and, in its practical bearings, valuable starting-point from which to enter upon a treatise for medical witnesses in insanity. We would not, however, pause here in such a discussion. The sanity or insanity of one whose case is under legal investigation, is his responsibility or his irresponsibility—rather his punishability or non-punishability—his capacity or his incapacity. The medical man does not form an opinion in such cases, apart from these considerations, and he could not if he would. They are foremost with him in all cases presented; are primary and inseparable from other considerations, and enter into all his plans of treatment. Insanity, in a purely medical sense, is a hypothetical form of bodily disease. To the term are referred only those cases in which mental derangement exists, and in which no organic lesion or other proximate cause can be determined. Thus, softening of the brain, sun-stroke, fracture of the skull, fevers, and alcoholic and other poisoning, are not insanity, though more or less connected with derangement of mind. How can it be thought for a moment that this classification has anything to do with the question of responsibility in any case? A practical acquaintance with the phenomena of mental disorder, and the hearing of facts in the medical history of a case, can only be brought to bear directly upon the prime question of responsibility. Insanity in any case is irresponsibility, or incapacity, in such a case. And yet we are asked to define insanity before the courts!

We accept, then, the law of this State, without the unnecessary and impracticable interpretation attached: "No act done in a state



of insanity can be punished as an offense ;” in which has been inserted by the courts, after the word “ insanity,” the clause, “ in respect to such act.” That he has omitted to prefer this position, the logical consequence of his first principles,—that insanity is not capable of definition on the one hand, or of test on the other,—it seems to us has led the writer into contradictions like the following, in which he says :

“ In all civilized countries, from the earliest ages to the present day, persons laboring under insanity, have been considered irresponsible agents.”

And again :

“ Many insane persons are justly held as responsible for their acts as those who are sane.”

The pathology of insanity, Dr. C. would seem to found upon the hypothesis of Spurzheim and his school, that “ the brain is a congeries of organs ; and hence that “ each mental faculty may be disordered by disease of the brain, while others are not affected.” We are aware of the speciousness of the arguments used to sustain this hypothesis, but must remember that it is only an hypothesis. Since the doctrines of phrenology were first advanced by their authors almost nothing has been added in their support, and they have been left to the base uses of social radicals, and medical empirics. We wish to submit simply that these are not a safe basis upon which to found a theory of insanity that shall withstand the severe tests of a criminal trial. For every physiological fact brought forward in the support of separate organs for the several faculties, a thousand can be brought against the theory. The facts in cerebral pathology are still more entirely against the phrenological hypothesis. Many physicians of insane asylums pass their lives without a case of presumed insanity of a single faculty ever being presented. No one of the editors of this journal has ever witnessed such a case, nor has their attention ever been called to an unquestionable instance of the kind in the experience of others.

The classification of insanity adopted, is that of Dr. Guy, author of a late treatise on medical jurisprudence. Its primary division is

that made at the present day, and contrasts amentia and dementia with mania. Idiocy and imbecility are divisions of amentia. Two classes of dementia are made: the one consequent on mania, mental shocks, or injuries of the brain; the other from old age. We should admit another as an important variety. Primary dementia is a frequent form of mental disease, occurring mostly in cases of hereditary predisposition, and following the prolonged operation of depressing causes. Mania is divided into general, intellectual and moral; the two latter of which are severally divided into general and partial.

We referred at the commencement of this notice to the opposite theories of mind from which the two papers had been written. It will not be supposed by any reader of Dr. Coventry's essay that he denies the distinction between vice and disease, and the justice of punishment. He is indeed careful to guard against such conclusions in others. What we shall venture to criticise, then, is not so much the theory as entertained by the writer, but the admission into it of terms and definitions certain to lead to false views and conclusions in those having no special acquaintance with the subject. We may be thought hypercritical in attaching so much importance to the theory and classification of insanity. But we remember for whom these papers have been written. The mass of medical practitioners can have but little practical experience of mental disease, and will be greatly influenced by these theoretical divisions. It is not certain that the medical witnesses in the Huntington case would have made their unfortunate error in diagnosis but for the admission by authorities of a "moral insanity" which they could not apprehend in the sense given it by experts in insanity. Although we are convinced that this theory would not have warped the estimate of this, or perhaps any case of questioned insanity, by their distinguished friend who is its chief advocate in this country.

Asserting our belief, then, that disease manifested in any faculty of the mind forbids the healthful action of the other faculties, we may, as has been said before, admit the convenience of the term emotional or affective mania. The division of this class into the



numberless special manias that have been proposed, however, we consider an entirely useless and undesirable refinement. The term *papyromania*, jeeringly proposed by Dr. Reese to designate a mania for "making notes," is scarcely less absurd than those proposed for a stealing mania, a lying mania, a burning mania, a mania of pride, &c. The dispositions thus indicated, when really connected with insanity, occur in the most various forms and stages of the disease, have no fixed relations to other symptoms, and are in every way accidental and unworthy the importance of a special name.

The tests or characteristics of insanity are noticed in a few paragraphs. "The insane," it is remarked, "notwithstanding their proverbial cunning are easily imposed upon." The popular belief in the superior cunning of madmen, like that in single and special manias, is founded upon extraordinary and exaggerated cases, and as a rule is entirely erroneous. We are in the habit of witnessing, almost daily, patients brought to an asylum by persons who are excessively pleased with themselves at having successfully deceived their companion through some absurd account of their purpose, destination, &c. The patient so easily "deceived," in most cases is unable to fix his attention for more than an instant upon any one subject, and he yields to the control of a firm and direct purpose from a partial consciousness of the morbid and dangerous nature of his impulses and fancies. "Insane patients are often conscious of their condition," says the writer, "and understand the legal relations in which they are placed."

In regard to the extent of criminality and responsibility in cases of insanity, "it must be evident," says Dr. C., "that there is no particular standard by which the criminality of an act can be judged." This conclusion is derived from a previous consideration of the characteristics of insanity, and is abundantly justified by reason and authority. It seems just as clear that there can be no general test of the limit as to personal liberty, testamentary or business capacity in insane persons. The matter of the personal liberty of the insane is one which, in this country, is almost entirely without the notice of the courts. The cure of a disease is properly the first consideration

in cases of insanity, and the laws regulating the control of property, as well as the administration of asylums for the insane, are such that the domestic and social interests are safely relied upon to determine the question of seclusion and control. The legal aspects of these questions are, however, presented not necessarily in accordance with the views of the writer, but those which have a preponderance of judicial authority. The test of incapacity to distinguish between right and wrong, still sometimes claimed as a general test, is in the present state of medical science worthy of that dementia to the most marked cases of which it can only be applied. There can be no doubt that this has lost its force as a precedent. Yet in cases not of dementia or acute mania, the existence of insane delusion is still insufficient to exempt from responsibility before the courts. Dr. Coventry does not dissent from this, but his remarks as to its application have nearly the same effect. We must be permitted, with the editor of the *Journal of Mental Science*, to whom he refers, to reject this, as all other tests in any degree general, of responsibility under mental disease.

Under the discussion as to the degree of insanity necessary to excuse from crime, arises the nice question of homicidal mania. We object, as before, to the use of the term. Homicidal manifestations may appear in the earlier and latter stages of all the forms of mania. They may proceed from distinct delusions, hidden under a taciturn and reserved bearing until some trifling circumstance brings on the paroxysm. They may take place during a temporary loss of consciousness, from poisons of various kinds, convulsive disease, or other powerful depressing agents; or together with those of indiscriminate violence at the height of general mania. In hysteria, drunkenness, and other border-lands of insanity, they are more frequent than under any other conditions. Lastly, very rare cases of homicide, not obviously related to any of these, are detailed in the books, but are to be received with great caution. What is there in all this to justify the use of a name, worse than useless even for purposes of description, and for the medical witness a vexatious and dangerous term? We agree with Dr. Bucknill, who is cited in this connection:



“The testimony in favor of the existence of such a variety is very scanty and unsatisfactory ; and it is improbable that the cerebro-mental disease can develop itself in so sudden a manner. It is probable that the cases of insanity which have been placed under this head, were less recent and sudden than they were supposed to be. The earlier stages of diseased feeling had been unobserved by others, and unacknowledged by the patient.”

Dr. Coventry holds to the doctrine of impulsive insanity, but remarks upon the above :

“When we come to examine the opinion expressed by Dr. B., it will not be found so adverse to the received opinion as we might at first suppose. That such cases are of frequent occurrence, the testimony is ample. Dr. B. thinks it one of the forms of development of pre-existing disease. No writers, so far as our knowledge extends, have ever supposed that the disease of which the homicidal paroxysm was but the expression, occurred so suddenly but that the patient had the art or power to conceal it, until it suddenly burst forth.”

The concluding and more practical portion of the paper, upon the testimony of skilled witnesses in courts of justice, embodying the results of the author's own observation and experience, is the most valuable and unexceptionable of the whole. Suggestions to the medical witness as to the formation of an opinion, as to the giving of evidence, and numerous others of importance, which could come from no one who had not a thorough practical experience of the court-room, are minutely given. His comments upon the present legal provisions for the attendance of medical witnesses, and particularly that for their being summoned by the respective parties to the trial, well deserve attention.

“In most cases, however, the physician is called on to testify both as an ordinary and as a skilled witness, *i. e.*, to testify to the facts, and to express an opinion as to the deductions to be drawn from the facts. It is customary on the trial for both parties to call witnesses, simply as experts or skilled witnesses ; who, after hearing the testimony as to the facts, are to give an opinion as to the deductions to be drawn from them, as in the above case ; after hearing the description of the wound, he gives an opinion as to the ordinary effect of such a wound, but not whether it was the cause of death in the particular case. This is a matter which belongs to the jury. In a case of suspected insanity the witness hears the testimony, and then states to

the jury what in the testimony goes to prove or disprove the supposition of insanity. It is the custom in this country for both parties to summon as many persons as skilled witnesses as they please, and the numbers depend upon the interest of the case, the difficulties involved, or the zeal and energy of the respective counsel. Any medical man may be summoned as a skilled witness.

“Though the law requires that a medical man when subpoenaed should attend the court for the purpose of giving his testimony, there is no provision made for paying him for his time and services, or even defraying his necessary expenses. If a medical man has a knowledge of any facts connected with the case, it is his duty—as that of any other good citizen—to attend court and give his testimony. I am, however, unable to see on what grounds a medical man is required to attend the court, and hear the testimony, in order to qualify himself to form an opinion, and then to testify before the court. It would be just as consistent to require legal gentlemen to attend the court, hear the testimony, and then aid the court with the benefit of their opinion. If the attendance of medical men as experts is really necessary, they should be designated by the court, and not by the respective parties, and should not only receive a reasonable compensation for their professional services, but should be protected from insult and abuse from the counsel on the respective sides.

“The present system of permitting both parties to summon as many witnesses, and whom they please, is not only oppressive to the witnesses, but wastes the time of the court, prolongs the trial, and serves no useful purpose whatever. Of course neither party would call a witness to the stand without knowing something of what he will testify to, and the consequence is, that a dozen witnesses on the respective sides are arrayed against each other, and it is not unfrequent that the ingenuity of the counsel on the respective sides, is more engaged in picking flaws in the testimony of the adversary's witnesses, than in elucidating the truth or justice of the case. The jury, instead of being enlightened, is only confused by the conflicting testimony of the witnesses. The only security for the medical witness, when called as an expert—if he does not choose to testify—is not to acquire the necessary information, and when called to the stand, to say he knows nothing about it, or that he has formed no opinion.”



## S U M M A R Y .

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DR. LEGRAND DU SAULLE ON THE USE OF OPIUM IN MANIA.—The January number of the *Annales Médico-Psychologiques* opens with an interesting article, from the pen of M. Le Dr. Legrand du Saulle, on the employment of opium in cases of mania. We shall endeavor to give the substance, only, of this well-written paper.

The doctor alludes in the outset to the unjustifiable ostracism, which, in French practice, so long proscribed the use of opium as a curative agent in cases of delirium and maniacal excitement, while the physicians of Germany and England were obtaining from that use excellent results. Though much has been done of late, in France, to make the value of opium in mania better known, he still thinks that there is much uncertainty among the practitioners, in regard to the mode of administering the same. It is to this point, especially, that he calls attention.

As long ago as 1851, his own attention had been given especially to the subject of this remedy, at the Lunatic Asylum of Dijon, then under the able direction of Dr. Dumesnil. "So often," says he, "did I witness its curative powers, sometimes even in cases of chronic mania which had resisted all the ordinary appliances of therapeutic skill, as to become deeply convinced that this remedy must hereafter hold an important place in the treatment of maniacal excitement."

Before proceeding to the recital of cases, our doctor lays down his grand rule for the use of opium in insanity. No good can be expected from this drug, unless its administration is followed at first by an aggravation of the symptoms. In no instance has he known the narcotic agent to fail, when the patient under its influence has manifested such exaggeration. If depression, and not excitement, follow the prescription, it must be discontinued. The use, under such circumstances, will be injurious.

It was in daily increasing doses that Dr. Dumesnil and his assistants were in the habit of administering opium.

*Case I.*—Marie C. is a young girl of 20 years, of uncommon beauty, a strong constitution, and habitual good health.

Left an orphan in her childhood, she had been received into a kind family and was trained to good habits. But at the age of sixteen she abandoned her home, and followed to Paris a young student of law. A year later, deserted by her lover, and already a mother, she returned to Dijon, her birth-place, and, having placed her infant under the care of an old woman, became a domestic in the house of a magistrate.

Here for three years her life was irreproachable, when suddenly, without inherited tendency or perceptible cause, she had a violent attack of acute mania. She rushed from the house half naked, and ran through the streets, singing and laughing and committing all sorts of extravagance. Finally entering a barrack of infantry, she loudly demanded employment as a sutler. She was taken up by the police, and placed at once in the public asylum for the insane.

The following morning, Dec. 2nd, 1851, Marie is in a highly excited state. She has the strangest notions, sings obscene verses, laughs loud and long, and spits in our faces. She takes, during the day, a bath for two hours.

Dec. 3. On rising, Marie broke eight panes in the window of her room, wounding herself in the wrist. Being placed in a cell, she tried to break the door by kicking at it, and then, with piercing shrieks rolled on the floor. To-day she was kept for three hours in a bath of 27 deg.

Dec. 4. The excitement continues. We succeed in getting her to drink a bottle of Seidiltz. Dec. 5. The excitement increases. Draught, containing  $2\frac{1}{2}$  centigrammes of gummy extract of opium. Dec. 6. Same condition—same draught. Dec. 7. 5 centigrammes of the opium. Dec. 8. The excitement greater than yesterday. Prescription,  $7\frac{1}{2}$  centigrammes.

Dec. 9. The exasperation of our patient still more marked.



This morning she tore the veil of a Sister of Charity, and abused the nurses. Even the strait-waistcoat, which she tries to rend with her teeth, can hardly hold her. During the day 10 centigrammes of opium. Dec. 11. Increasing agitation: 15 centigrammes. Dec. 13.  $17\frac{1}{2}$  centigrammes to-day. Dec. 15. The maniacal paroxysm has evidently reached its height. Dec. 16. The opium is discontinued. Dec. 20. Marie is quite calm; she tries to collect her scattered thoughts; but as yet with but little success.

Dec. 25. Our young girl improves daily. This morning I found her singing a religious hymn, while she hemmed a pocket-handkerchief.

Being questioned by the superintendent, she says she has a perfect recollection of the crisis through which she has just passed. She seems ashamed of it, and tries to excuse herself.

Dec. 30. Her calmness continues, and her mind is perfectly clear. She works in the sewing-room; is sufficiently cheerful; sometimes sings a ballad; entertains and comforts her companions, and is kind to every body.

Jan. 14, 1852. Marie leaves the asylum completely cured.

March 25. So beautiful a cure *ought* to last—and it *does* last. Marie has just entered the asylum as a nurse.

*Case II.* M. F., 44 years old, is a trader in a little town of the Côte d' Or. The loss of a beloved daughter, and other troubles, had been followed by despair and madness. He entered the asylum April 27, 1851. His treatment dates from the 1st of May. He is violently excited—talks, sings, shouts, thinks himself a bishop, and bestows his benedictions upon every body. Being questioned, he says his head is squeezed by an invisible vice, and that the thunder all comes from his brain. A fresh bath for two hours.

May 2. A bottle of Seidlitz. May 3. Dose of opium, 5 centigr. May 5. Increased excitement;  $7\frac{1}{2}$  centigr. May 7. More and more excited;  $7\frac{1}{2}$  centigr. May 9. F., this morning, struck one of the nurses, and tore his clothes;  $12\frac{1}{2}$  centigr. May 11. 15 cent. May 13. Three persons, with some difficulty, put him in the strait-jacket;  $17\frac{1}{2}$  centigr. May 15. Excitement still increasing; 20 centigr. May

17. Indescribable agitation ;  $22\frac{1}{2}$  centigr. May 19. Same condition ; 25 centigr. May 21. The medicine is stopped. May 27. The jacket is off, and he is walking in the court, tolerably calm. He has filled his pockets with little stones, which he considers very valuable. May 31. After some time in the bath, he came out perfectly calm. June 6. Reason nearly restored. June 15. Better and better ; works in the garden. June 20. Our convalescent feels sad ; he begins to be anxious about his business, and wishes to see his wife. June 27. Madame F. came to see her husband, and had a long talk with him. F. told her he would not leave the asylum until the doctor was fully convinced of his cure. July 15. F. leaves the asylum in a perfectly satisfactory condition, both physical and mental.

*Case III.*—Victor C. de B., 35 years old, is a captain of infantry, in the French army. He is tall, of sanguine temperament, with a strong constitution. His father, a general officer, had become deranged. Victor had been educated at the military schools of La Flèche and St. Cyr, and was a man of fine talents, and large and various learning. At the age of 27, he had been ordered to Algeria, where he took an active part in the war, and gave such proofs of his bravery that he was constantly selected for hazardous enterprises. In the loneliness and isolation to which he was thus condemned, he fell into habits of gross intemperance, drinking coffee, rum, and absinthe to great excess. Under this influence, he became so irritable and quarrelsome, that he was compelled to change his command. Scarcely had he entered on his duties in the garrison at Algiers, when evident proofs of insanity compelled his removal. He was sent to Marseilles for the purpose of being placed in a hospital. Hardly had he landed in that city, when he escaped from his keepers, and after various adventures, found his way to Dijon. His strange conduct soon led to his being conveyed to the asylum. This was on the 3rd of July, 1851. Then and there he appeared as follows : talks incessantly, gesticulates with violence, utters the most incoherent thoughts ; his eye is somewhat wild, with pupil evidently dilated ; his complexion is pallid ; his tongue dry ; his pulse quick.



July 4. Less excited ; a bath of four hours. July 5. The patient is harrassed by illusions of sight and of hearing. He sees the face of Christ under every tree, and has just heard a voice announce the death of his sister. The tidings affect him deeply. We try to convince him of his mistake, but in vain. He puts no credit in our statements, but weeps, mourns, laughs, sings, and threatens to choke the first person that comes near him. A bath of five hours, with the shower in addition. July 6. Victor is violently excited ; has had no sleep, but was kicking all night, at the door of his chamber. "These," said he, "are balls, and I am hurling them against the Bedouins ;" a bottle of Seidlitz water. July 7. The purgative of yesterday having had no effect, he takes 45 grammes of castor oil. An abundant evacuation leaves the patient more calm. July 8. Walking with an attendant through the garden, he frequently bends his knee in the presence of Christ, whom he sees between two trees. July 9. Victor keeps his bed ; complains of a severe headache ; his face is florid, and the temporal artery beats with violence. I took 400 grammes of blood from his foot. (This mode of bleeding was practised, says the writer, by M. Dumesnil, in the case of insane persons, with great success.) July 10. The patient is calm ; has rested some during the night. He says the blessed Virgin came to see him, and, placing at his feet the colors of his regiment, made him swear to show henceforth in his religious duties, the same zeal and fidelity which he had manifested in military service. He takes some food, and has, at his own request, a ptisan of wine.

From the 11th to the 15th of July, the excitement is again on. Baths, showers, and purgatives are resorted to, but without effect. July 16. Our captain is in a high state of excitement. As he had pledged his honor as an officer to take whatever should be prescribed, the physician ordered extract of opium, 5 centigrammes. July 18. Same excitement ; 10 centigr. July 20. The patient has been violent ; the strait jacket is applied ; 15 centigr. of opium. July 23. We put the captain into a cell, he was so violent. July 24. He exhibits wonderful volubility, and marches with dignity up and down the court. July 25. On visiting the captain, we find him washing

his face with urine ; 20 centigr's are given. July 28. The patient talks, shouts, and sings, with an astonishing power of voice. He has a good appetite, but gets no sleep ; 25 centigr. Aug. 1. Victor tries to imitate the barking of a big dog in the neighborhood ; 30 centigr. to-day. Aug. 4. Our poor officer goes on all fours, sometimes howling, and sometimes roaring ; 35 centigr. Aug. 6. The exasperation being at its height, the opium is stopped. Aug. 7-10. No appreciable change. Aug. 11. Bath for three hours. Aug. 13. The patient keeps his bed, and seems worn out with fatigue. Aug. 14, 15. Strength prostrated ; the appetite gone. Aug. 16. Saline cathartic given. Aug. 17. Victor is perfectly calm ; he has no idea where he is, and remembers nothing. Sometimes he talks quite rationally ; and then all at random. Aug. 20. His ideas are not yet clear, and he shews a tendency to melancholy. Aug. 25. More cheerful than he was. He exerts himself to recover his reason, and is delighted to hear from us that his recovery is certain.

During the months of September and October, Capt. Victor C. de B. continued in the asylum, a convalescent. He was on the best terms with all the officers and attendants of the asylum ; he went out frequently ; and spent several hours a day in drawing, in which he evinced much talent.

We conversed with him daily on topics of interest, but could discover no trace remaining of his recent malady. The full flow of his conversation showed an active and brilliant intellect, a sound judgment, and astonishing powers of memory.

His military superiors were informed of the cure, but refused a furlough of three months until he had been examined by a commission of lunacy, and full satisfaction was obtained. At the end of his furlough, he rejoined his regiment, then in Corsica.

Aug. 15, 1853. M. Victor C. de B. is named a chevalier of the Legion of Honor, and is nominated for the command of a battalion.

*Case V.*—Augustine L., 38 years old, the wife of a tailor, came to the asylum, June 26, in a high state of excitement. Bathing, showering, purgatives, and other approved remedies were tried in



vain, for two months. The excitement was unabated, and she was regarded as a case of chronic mania. Through September little was done for her, and there was no change in her condition. The opium treatment was then resolved on ; beginning with 3 centigr., and raising the dose at length to 25 centigr. During the time her excitement was greatly increased, but rapidly subsided when the opium was stopped. By the first of November, she was calm, and evidently recovering. On the 2nd of January we sent her back to her children, happy and well. To this day there has been no return of the malady.

*Case VII.* Mademoiselle Armance M., of Alfort, 20 years old ; is a brunette, with bright, black eyes, and a light, airy figure. Her disposition was lively ; her health had been always good ; and there was no insanity in the family.

She was sought in marriage by a young man, of whose attachment she was convinced, and whom she fondly loved. But at the drawing of the marriage contracts, a dispute arose between the families, and the engagement was broken. This unhappy event plunged her into grief, which was soon aggravated by the news that her late lover had left Paris with the fixed resolution never to return. Mademoiselle Armance, tired of life, tried to starve herself to death. Thwarted in this, she resorted to suffocation ; but a careful watch frustrated every attempt. In the mean time, she complained of pains in her throat and head, and of palpitation at the heart. On the 21st February, 1853, she was taken to Charenton, as an insane patient. At that time she was constantly troubled with illusions of sight and hearing. She had wounded her wrist in breaking a pane of glass, and I applied a dressing. As I was thus engaged, she took me for her lover, and went into a paroxysm of violent agitation.

The next morning she was visited by Dr. Calmeil, the head physician. All night, she had been singing, and banging the doors. To every question, she gave an incoherent or surly answer. A bath of 27 deg., and a cathartic pill, were prescribed. This course was continued for five days, without benefit. At my urgent request, M.

Calmeil gave her, one morning, 5 centigrammes of opium, and continued the dose for a week, increasing the quantity to 15 centigr. As her excitement plainly increased under this regimen, my distinguished superior, (unable to confide in a treatment, which only seemed to make matters worse,) arrested the opium ; calling my attention to the failure of the experiment. My faith, however, was unshaken. The medicine, though stopped, had already produced an action encouraging to me, and I expressed to M. Calmeil my belief that the patient would soon recover.

I was right. Mademoiselle Armance grew more tranquil from day to day ; left, soon after, her close cell, and joined the quiet patients, among whom she worked, or occupied herself with music. Though a little sad at first, she grew cheerful as she grew better ; nor, was it long, before we saw her join the merry dance on Sunday evenings in the Hospital saloons. She left the asylum, perfectly well.

Satisfactory as this result was to me, I cannot say that it was equally convincing to the mind of M. Calmeil. He regarded it as a common case of mania, which had ended fortunately ; that the cure, supervening on the use of the narcotic, was an accidental coincidence,—and the malady passed off *in spite* of the opium. Though no one appreciates more highly than I do, M. Calmeil's abilities, or would render greater deference to his judgment, I must still believe that there was something more than a mere coincidence in this case of Mademoiselle Armance.

*Case VIII.*—Catharine L. is a poor woman from the country. She is 66 years old, and has been in the Dijon Asylum five or six years. She has been long a widow, and in consequence of her intemperance became an object of disgust to her children, who all left her. Finding herself at length in utter poverty, a beggar, and despised by every body, she lost her reason.

From the day of her coming to the asylum, Catharine has remained among the violent patients. A fierce excitement has constantly impelled her to heap the grossest insults on the hospital attendants ; often she would hurl whatever lay at hand at the heads of other pa-



tients. If, by way of punishment, she was placed for a day in confinement, her vociferation was loud and incessant ; crying, till she was hoarse, “ *A l’ assassin !*”

This woman, whose days knew no rest, and whose nights were sleepless, had, at the first, been treated with great care by the worthy Professor Dugast, then the medical director of the asylum. The resources of art having all failed, Catharine, regarded as a subject of chronic mania, was set down as incurable.

On the 1st of September, 1851, Catharine took five drops of Sydenham’s laudanum. A drop per day was added to the dose until the 4th of November, when it amounted to 65 drops. It was then discontinued.

At no former period had she shown greater excitement, than during the two months she was under the opium. So violent were the paroxysms of her madness, that it was necessary to keep her constantly in the strait-jacket. She ate little, slept none. Night and day, her shrieks were mingled with abuse, imprecations, blasphemies, and filthy talk. Nothing could surpass her volubility, while every gush of words was accompanied by an extraordinary flow of saliva.

With the stopping of the laudanum the patient became less excited, and gradually grew calm. An almost entire loss of voice, due probably to the treatment, followed this long and terrible crisis, during which the previous excitement had been so much increased by the narcotic application. She not only recovered from this, but was completely restored to reason.

We informed her family of this remarkable and hardly expected result, and invited them to come and see her. She left the asylum perfectly well, reconciled to her children, and in their affectionate care.

More than forty insane persons recovered their reason, in the year 1851 at the asylum in Dijon, under the use of opium. In reference to the employment of this article, Esquirol makes the following statement. “ A young person was cured of her insanity by swallowing an unguent that contained at least 24 grains of opium. The

circumstance attracted the attention of medical men to the efficacy of narcotics in mental disease. They do not answer for plethoric patients. Though Morgagni and Valsalva forbid opium, the latter tells us that he had cured many of mania by giving them an infusion of poppy. Doctors Sutton and Péry have found opium efficacious with maniacs, who suffered from thirst and sleeplessness."

Esquirol's statement in regard to giving this drug to persons of a robust and sanguine temperament, is confirmed by Dr. Legrand du Saulle. Where this objection does not exist, and where there is no strong hereditary tendency to contend with, there are many chances in favor of opium, if the maniac be taken in hand early. And even when the disorder has seemingly passed into the chronic state, after an unavailing use of all the ordinary means, opium *may* prove the agent of cure. The chances, indeed, of success, are not many, in cases of long standing; but our eighth example shows there is a chance.

Dr. Legrand du Saulle thinks there is danger of becoming too soon discouraged in regard to the curability of insane patients, and that this is an error into which the managers of asylums often fall. If the attentions of the first few weeks, or first few months, bring no apparent improvement, the inmate ceases to be treated as a patient, and is no longer, strictly speaking, under *medical* care. The difficulty of deciding exactly where incurability begins, should make the physician cautious how he decides such a point.

The Doctor's mode of procedure, is given as follows:

"Having questioned the patient, and obtained from others, such information as can be had, I send him to the bath. The next day I order a cathartic. After the proper application of these preparatory means, I prescribe a dose of 120 grammes, containing (as the case may require)  $2\frac{1}{2}$  or 5 centigrammes of the gummy extract of opium, to be taken in the course of twenty-four hours. Every two days I add  $2\frac{1}{2}$  centigrammes to the dose, until it reaches to 20, 30, 40, or 50 centigrammes. The rate of progressive increase and its extent, must be regulated by the comparative excitement of the patient. When that has reached what I believe to be its extreme point, I stop the medicine, and await the issue. From this moment, the pathologic symptoms usually improve—and, in a period varying from eight to thirty-five days, the patient becomes a decided convalescent."



He has used Sydenham's preparation with excellent results ; beginning with 6 drops, and going up to 30, and even to 80. Its extreme bitterness, and the consequent repugnance of patients, form the only objection to it. He seldom uses pills, on account of the difficulty and uncertainty of getting them into the stomach.

Preparations of morphine are invaluable in these cases, where it is necessary to keep the patient in ignorance of your object. The Doctor's method is to give it in a drink of wine and water, and to see, for himself, that it is taken.

M. Michéa's method of using opium differs from the above. Instead of a gradually increasing dose, and sudden arrest, he gave the drug with intervals of gradual decrease or total cessation, which intervals were indicated by certain symptoms, such as prolonged drowsiness, nausea, headache, vertigo, and obstinate constipation. This very method, says our author, was tried at Dijon, before the right system was discovered. When the symptoms above enumerated,—or any symptoms, excepting those of increased excitement,—result from the administration of opium, it is time to stop it, and nothing will be gained by resuming it after an interval.

Under the opium treatment the author estimates that three and a half out of five cases of acute mania were cured, if taken when the attack was recent. Of chronic mania, running back from one year to six years, the proportion was one and a half in ten.

Dr. L. du S. expresses, in conclusion, the hope that his former superior and collaborator, M. Dumesnil, to whose learning and skill he pays a lofty tribute, will yet give to the world the valuable results of his experience in regard to this very important subject.

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INCREASE OF ACCOMMODATION FOR LUNATICS IN ENGLAND.—To meet the continual increase in the number of insane in England, the existing public asylums have recently been enlarged to an additional capacity of 2,481 patients. Besides this, eight new asylums, in course of erection, will accommodate 2,336 patients ; at a cost for buildings of £52,677, and for land of £329,150.

INSANITY FROM SYPHILIS.—Although the influence of syphilis in producing mental disorder has been noticed by writers on the subject, it holds, as yet, no prominent place in works on psychology. The following observations of Doctors Esmarch and Jessen invite attention to this point. We translate from the review of German journals in the last (Jan.) number of the "*Annales Médico-Psychologiques*."

A., forty-one years old, is an advocate, and belongs to a family free from hereditary taint. Though his intellectual powers had acquired unusual development, his judgment was often defective. Great kindness and a vacillating will were the marked traits of his character. Possessing a very good constitution, he had frequently indulged in venereal excesses. Fourteen years ago he married, and has five healthy children. Previously to his marriage he had met with several *accidents primitifs*, which he had never divulged, and the previous existence of which was manifested only by syphilitic symptoms of the secondary sort. Soon after this his character seemed to change, he became less active and open than before, settling, gradually, into deep melancholy.

He was admitted to Hornheim in January, 1854. His maniacal delusions and functional disorder were immediately apparent. Still the most prominent symptom was a profound depression of spirits, which deprived him of all disposition to act. From this condition he passed slowly into a more active state. His apathy disappeared. In May he had reached a state of excitement which made it necessary to restrict his freedom. (Nitrate of soda, digitalis, and the shower-bath were used at this time.) Soon he became wakeful, incoherent in thought and action, and, at length, so violent that it was necessary to place him in a separate room. Just at this time a phlegmonous inflammation made its appearance on the fore part of his left leg, caused by his having come into rough contact with a tree-root. In due time it suppurated, and became a circular abscess, which soon assumed a syphilitic aspect. It was hard at the edge, and of an unhealthy hue within. In the neighborhood of the sore, the skin had an unnatural appearance, and new pustules soon after



appeared, and, like the first, proceeded to suppuration. Limited as the affection was, its nature could not be mistaken. Indeed, the confessions of the patient in regard to his early life left no doubt. From the 14th of July to the 31st of October, he was kept on soup and pulse. Warm embrocations were applied, and the bi-chloride was administered internally. When salivation appeared, the iodide of potassium was added. The treatment proved successful, the mental condition of the patient improving as the abscesses healed. He returned to his family, Jan. 14th 1855; and continued in a satisfactory condition during the remainder of the winter, and the following spring. Again however he became depressed, and this state, near the end of summer, was followed by an agitated and talkative mood, with strange, incoherent ideas. In consequence of some offensive conduct in the theatre, he was brought back to Hornheim, in December of the same year. His situation was in all respects the same as it had been during his period of excitement the year before. He had also a severe catarrh, occasioned by a cold which he had taken in the preceding September. A repetition of the former treatment has produced no improvement in the patient; for after the period of excitement passed off, it was followed by another of depression. The author thinks that the mental derangement in this case has become, in some sense, an expression of the constitutional syphilis, which mercury can no longer reach.

B., a man of thirty-six years, shows no hereditary tendency to disease. He is intelligent, with much strength of will; and is remarkable for his high sense of personal importance. After much hesitation in regard to a pursuit, he engaged in manufacturing. In the revolutionary crisis of 1848, he was so fortunate as to withdraw from the business—retiring, two years afterward, to live on his income. In 1846, he began to publish pamphlets, in which amidst mysterious thoughts borrowed from the Apocalypse, he inserted remarks on squaring the circle, on perpetual motion, on the organization of society, and the principles of economy.

At a period which he could not exactly fix, he had contracted syphilitic disease, and had not been properly treated for it. Toward

the close of 1849, he began to be troubled with secondary syphilitic eruption, (exanthema) together with enlargement of the testicles. These symptoms disappeared under treatment, but were followed about a year later, by inflammation of the schneiderian membrane and of the periosteum of the nasal bone, together with caries in the upper jaw. The progress of the mischief was, for a time, arrested by the use of iodide of potassium and of sarsaparilla. In 1853, he was sent to M. Ricord, who removed a splinter from the decayed bone, and continued the iodide of potassium. He returned to his home in the country, apparently cured. His strange notions as an author, it should here be mentioned, had not ceased to show themselves during his sojourn in Paris. He was constantly looking forward to the time, when his pamphlets would astonish and reform the world.

He came again to Paris in February, 1854, evidently in a state of unnatural excitement. He went, soon after, to London, where the evidence of his mental derangement was unequivocal. His hallucinations increased, until he fancied himself attended by such persons as Palmerston and Macaulay. On the 26th of April, he was brought to Hornheim. There was then no appearance of bodily disorder,—the syphilitic affection seemed to have been wholly removed—but the mental disorder was very great. His thoughts were incoherent; his own importance being the predominant idea. He had various illusions; thought himself a persecuted man, and could not understand his residence in the asylum. His enemies, he said, were trying to impede his mission, to delay his marriage, and thus prevent the birth of a son who was to be the Saviour of mankind. From the first, a slight degree of divergent strabismus was noticed in the left eye, while the pupils were dilated. These peculiarities and some other symptoms indicated a pathological condition, of syphilitic origin. On the first appearance of general paralysis, tartrate of antimony was given,—with shower-baths, indicated by heat and pressure, which he complained of in his head. To this subsequently was added the iodide of potassium. The disease, notwithstanding, continued to advance. The unnatural excitement above mentioned, was succeeded by hypochondriac depression; a result, which, from



the first, his imaginary persecutions, led us to fear. For the time, a palliative treatment only was attempted.

In 1855, the progress of his malady became more rapid. In February, he was troubled with deafness, vertigo, gastric derangement, and constipation, which resisted all treatment. Paralysis became more and more diffused until the 7th of March, when the patient died.

Among the changes noticed in the autopsy, our authors mention, especially, atrophy of the motor nerve of the eye, and a softening caused by obstruction in the deep artery of the brain.

Finally, they ask whether, in consideration of the constantly increasing number of paralytic patients, we are not to infer the active agency of syphilitic poison. A few observations can not settle a question so important. That it merits careful examination is beyond all doubt.

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NOTICE OF DR. JACOBI.—A biographical notice of the celebrated German alienist, Dr. Jacobi, is translated from the *Cologne Gazette*, by Dr. Focke, for the last number of the *Journal of Mental Science*. We condense the following particulars of his life.

Karl Wigand Maximilian Jacobi, the founder, and for many years Superior of the Lunatic Hospital at Siegburg, was the youngest son of the philosopher Friedrich Heinrich Jacobi, and was born at Düsseldorf, on the 10th of April, 1775.

He received an excellent education at Düsseldorf, and in 1793 commenced the study of medicine in the University at Jena. His studies were completed at Göttingen and Edinburgh, and he graduated at the University of Erfurt, on the 21st of Feb., 1797. During twenty-three years following, he was at different times successively in the general practice of his profession; as an assistant in one of the hospitals of London; in the civil service of Bavaria; as Chief Physician and Director of the Hospital of St. John, at Salzburg; and in the Prussian civil service. Feeling, however, the con-

viction of his unfitness for the calling of a practising physician constantly increasing upon him, in 1820 he was, at his own request, entrusted with the arrangement and conduct of the lunatic hospital, then in contemplation for the Rhine province, and afterwards located at Siegburg.

The Hospital for the Insane, at Seigburg, was opened on the 1st of January, 1825, its Director then being in his fiftieth year. It is remarkable that a man of his ambition and talents should have lived to such an age before finding congenial occupation, and still more so that after all there should be in store for him a career of thirty-three years of successful action, productive of the most important results. The institution, into which a great many incurables were at first admitted, was converted by degrees to its intended purpose. The science brought to bear on the practical working of the establishment, and the constant efforts to improve the system of treatment, soon attracted attention—particularly that of the younger members of the profession—to Jacobi, and to Seigburg. The English and French had previously led in the reform in the construction of asylums, and treatment of the insane. Dr. Jacobi, however, soon mastered the subject, and published, in 1834, the work by which he is best known in this country, “On the Construction and Management of Lunatic Hospitals.” He also wrote numerous essays in medical psychology, and upon various mental diseases. Theoretically he was an extreme somatist, but in treatment he gave more scope to psychical impulses, and used them more than many psychiatrists. By the force of his pure and noble character he gained for German Asylums a principle, the adoption of which is now general in all countries, that in the organization of a lunatic asylum the chief power must rest with the physician.

Jacobi was of tall, powerful stature. He had a handsome capacious head, which he inclined towards his breast in a listening attitude when, with knees across and folded hands, he engaged in conversation. When he raised his head, and fixed his eye upon the speaker, his glance bespoke benevolence, enthusiasm, and humility. His eye was remarkably fine, and although almost blind, retained



sufficient power of vision to enable the old man to continue his visits to the institution in his daily walks—even up to the last years of his life. He was a stout pedestrian, and particularly fond of solitary recreation in the open air. His mode of life was very regular; he retired to rest, and though often deprived of sleep by the torments of hemicrania and rheumatism, might always be found betimes in the morning, studying and at work. Nothing but severe illness could interrupt his usual course of life, confine him to his bed, or prevent his frequent daily visits to his patients. Even the day after his wife's death, in 1856, bowed down as he was, he made his appearance at the usual hour in the institution.

Like his father he had been much afflicted in his younger days with hemicrania and disease of the eyes; and as he was becoming quite blind, and was obliged to have recourse to a reader and dictation, death was hailed almost as a welcome deliverer. On Ascension Day he was attacked by erysipelas of the face; extreme debility followed, and after lingering a few days he died on the 18th May, of the present year, surrounded by his family, who followed him to his last resting-place; accompanied by that still larger family, the inmates of the institution, for whom he had lived; by friends who came from far and near, and by such a train of mourners from the little town of Siegburg as had never been seen there within the memory of living man. He attained the good old age of eighty-three, and lived to see his grandchildren and great grandchildren.

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ABSTRACT OF A PAPER BY DR. ARLIDGE, ON HALLUCINATIONS IN INSANITY.—Having made some preliminary remarks upon the opinions that have been held with regard to the degree of credibility allowed to the external senses, the author called attention to the error any one of them is prone to, even in a state of health, without the combined actions of several others, and corrected by certain intellectual operations. He then defined an hallucination to be the realization of objects by the mind, which do not exist, or are not presented to it through the exercise of the senses. Those under hallucinations, are, therefore, dreamers with their eyes open; they conjure up aerial forms from impressions derived originally from the ex-

ternal senses, and stored up in the memory. In the development of illusions, on the contrary, the external senses are concerned. There is some real object or sensation present to the mind ; but the mind mistakes ; clothes it in colors it does not possess ; attributes to it fantastic, erroneous qualities, or properties it is destitute of ; or, if the immediate impression be correct, the disordered intellectual faculty makes wrong deductions as to its nature and relations. The author, however, explained that the possession of either of these forms of delusion did not necessarily imply a state of insanity ; for most people were occasionally their victims, but set themselves right by certain intellectual operations. Hallucinations he then stated to be a common result of various diseases ; but illusions were more frequently the phenomena of the insane state. Of the latter, he remarked upon the milder degrees, which, being within the control of the reasoning faculties, were not incompatible with a sane state, and upon those persistent forms which exhibit such an obliquity of reasoning as to render the subjects of them unsafe members of society. Dr. Arlidge then observed that hallucination, being a frequent result of bodily disease, as before stated, was almost akin with delirium ; although in the latter state no phantasms may be present to the mind, yet, in the majority of instances, there evidently were ideal objects flitting before it. But, on the other hand, there may be hallucination without delirium, which, being confined to one set of subjects, forms the condition of monomania. He then enumerated the various conditions in which delirium may be accompanied by hallucinations as a consequence of surgical injuries from the introduction of some poisonous material into the blood, whether from without, or generated within the body. In fever, rheumatism, gout, and erysipelas, are found instances of the last-mentioned cause of delirium with hallucinations. Of the former cause of the same condition, the author more particularly called attention to the marked influence of alcoholic and chemically allied fluids ; that they produced a more pure delirium, and least connected with other morbid changes. He dwelt upon the phenomena of delirium tremens, the hallucinations attendant upon it driving the patient to attempts at self-destruction, and their termination in a state of lunacy, sometimes of a melancholic and sometimes of an opposite variety. Dr. Arlidge then referred to cases of simple hallucination, and showed that their various forms had often no connection with the causes which produced them, and he gave at the same time many examples. He then drew a sketch of hallucination as it takes a gradual possession of the mind, to its persistence in the form of monomania. Hallucination was, nevertheless, not incompatible with sanity, as the intellectual powers might be sufficiently vigorous to render the delusion inoperative upon the volition and conduct. Many illustrations of this point were given, and that of Nicolai, a member of the Berlin



Academy, who wrote his own account of his affection, was quoted at length. The frequent association of illusion with hallucination was then mentioned, also the divisibility of the two forms of delusion, the utility of which had been doubted. Further observations being made with respect to the nature of illusion, examples of it and hallucination, illustrating their peculiarities, being given, the author ended by saying :—" I have hinted at the thinness of the partition between sanity and insanity in many points. We are all prone to hallucinations and to illusions ; in the former case by any overstretching of the imagination ; in the latter by the imperfection of our senses. It behooves us, therefore, to cultivate and strengthen the intellectual part of our nature, which is the bulwark against the inroads of our fancy and feelings. It is in this way that man is endowed with power to ward off insanity, and surely nothing can afford a stronger inducement to exercise that power than the considerations of the value of a sound mind, and of the unparalleled misery of the wreck of that noble part of our nature—of that essence wherein man bears the image of his Maker."—*London Lancet*.

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INEBRIATE ASYLUM IN TENNESSEE.—On the 16th December last, a meeting was held in Knoxville, Tennessee, to adopt measures to establish an " Asylum for Inebriates," in that place, after the plan of that at Binghamton. Rev. Thomas W. Hermes presided, and Dr. R. O. Currey acted as Secretary. Various speeches were made, and at the close it was resolved that the chairman of the meeting, with two others whom he might appoint, constitute a committee to prepare an address to the citizens of Tennessee on this subject ; and further, that Jas. H. Cowan, Dr. C. W. Crozier and W. H. Kennedy, be appointed a committee to make arrangements for another meeting, and to give due notice thereof.—*Nashville (Tenn.) Jour. of Med. and Surgery*.

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N. Y. ASYLUM FOR CRIMINAL INSANE.—This Asylum, recently erected at Auburn, was opened in February last, and has received thirty-two patients. About twenty more are soon to be sent there by the authorities. Its capacity is at present for sixty-four patients, and it will probably soon be filled. Dr. Edward Hall is the superintendent and physician.

CANADA ASYLUM FOR THE CRIMINAL INSANE.—An Asylum to provide for two hundred and fifty patients, of the convict, criminal, and dangerous insane, is to be built at Kingston, C. W., on a fine plateau of land, overlooking the waters of the St. Lawrence, and an extensive prospect. This plan, to separate from the non-criminal insane, and to associate with insane convicts the dangerous and depraved classes of lunatics, is eminently wise and just.

Dr. Litchfield, the Superintendent, at present provides for about seventy patients in a temporary building; but the necessity for further provision for these classes has become so urgent that the projected edifice can not be much longer delayed.

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STATISTICS OF INSANITY IN GREAT BRITAIN.—From the Notices of Lunatic Asylum Reports, and the Reports of Commissioners in Lunacy, in the last (Jan.) number of the *Journal of Mental Science*, we gather that, in the year 1857, there were in England 23,800 insane; of whom 19,062 were supported at public, and 4,738 at private expense. In Scotland 7,403 insane; of whom 4,671 were public, and 2,732 private. In Ireland, 9,286 insane; of whom 3,352 are entirely without provision for the necessary care and treatment.

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A DOCTOR KILLED BY A LUNATIC PATIENT.—A dreadful accident has just produced a most painful sensation at Mons, in Belgium. A medical man named Huart, who was accustomed to receive boarders in a maison de santé, had under his care a male patient afflicted with religious madness. As the man, however, was inoffensive in his manners, he was allowed a certain amount of freedom within the premises. Some days back, eluding the vigilance of his keepers, he contrived to get possession of a knife, and neither remonstrances nor entreaties could induce him to give it up. M. Huart, being informed of the circumstances, went to the patient, and in an authoritative tone insisted on his laying down the weapon. The other positively refused, and on M. Huart approaching to seize it, the madman suddenly rushed on him, and before any of the servants could interfere, stabbed M. Huart several times with tremendous force. One of the wounds proved mortal, and a few days ago the unfortunate gentleman expired.—*London Lancet*.



MICHIGAN STATE ASYLUM FOR THE INSANE.—This noble institution, located at Kalamazoo, and of which Dr. E. H. Van Deusen is medical superintendent, is about commencing operations under the most favorable auspices. The greater portion of one wing of the edifice is about being opened for the reception of ninety female patients; and the entire building, to provide for three hundred patients, is steadily advancing toward completion, under the liberal policy of the State, which has recently appropriated \$100,000 to this purpose.

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FOURTEENTH ANNUAL MEETING OF ASSOCIATION.—The Association of Medical Superintendents of American Institutions for the Insane, will meet at the Phoenix Hotel, in the city of Lexington, Kentucky, on Tuesday, May 17, 1859, at 10, A. M.

JOHN CURWEN, M. D., *Secretary.*

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OBITUARY.—Dr. Nehemiah Cutter, died at Pepperell, Mass., on the 15th of March ult. Dr. Cutter was a native of New Hampshire, and a graduate of Dartmouth College. His name has for more than forty years been known in connection with the Private Asylum for Nervous Invalids, established by him at Pepperell, and he has been a member of the Association of Medical Superintendents of Asylums since its organization. Though arrived at an advanced age, he was still actively engaged in his profession.

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NOTICE TO SUBSCRIBERS.—It will be seen that the volume of the JOURNAL, which closes with this number, exceeds by fifty pages the size promised in its prospectus. To give the amount and variety of matter which our field presents, and which the readers of the JOURNAL demand, this size must still be enlarged, for the coming year. This enlargement will render necessary a small increase in its terms. Each number, therefore, of the sixteenth volume, will contain an average of one hundred and twenty pages, and the subscription price will be charged at the rate of three dollars per year.

## BOOKS AND PERIODICALS.

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Since our last issue the following publications have been received.

Contributions to Operative Surgery, and Surgical Pathology. By J. M. Carnochan, Professor of Surgery in the New York Medical College, Surgeon-in-Chief to the State Emigrants' Hospital, etc. With illustrations drawn from Nature. Philadelphia: Lindsay & Blakiston. 1858. From the Publishers.

The Medical Jurisprudence of Insanity. By C. B. Coventry, M. D. Reprinted from the Transactions of the American Medical Association, Vol. XI. Philadelphia: Collins, Printer, 1858.

Moral Insanity in its Relations to Medical Jurisprudence. By D. M. Reese, M. D. Reprinted from the Transactions of the American Medical Association, Vol. XI. Philadelphia: Collins, Printer, 1858.

Valedictory Address to the Graduating Class of the Philadelphia College of Medicine, at the Annual Commencement, March 2, 1859. By J. Aitken Meigs, M. D.

A Catalogue of the Officers and Students of the State University of Michigan. Ann Arbor, 1859.

Third Annual Report of the Trustees of the State Industrial School for Girls, at Lancaster, Mass., together with the Annual Reports of the Officers of the Institution. Boston, 1858.

Twentieth Annual Report of the Board of Trustees and Officers of the Central Ohio Lunatic Asylum, to the Governor of the State of Ohio, for the year 1858. Columbus, 1859.

Report of the state of the New York Hospital and Bloomingdale Asylum, for the year 1858. New York, 1859.

Report of the Board of Trustees of the Massachusetts General Hospital, for the year 1858. Philadelphia, 1859.

Report of the Pennsylvania Hospital for the Insane, for the year 1858. Philadelphia, 1859.

Third Annual Report of the Trustees of the State Lunatic Hospital, at Northampton, Mass. October 1858. Boston, 1859.

Twenty-sixth Annual Report of the Trustees of the State Lunatic Hospital, at Worcester, Mass. October, 1858. Boston, 1859.

Annual Reports of the officers of the New Jersey State Lunatic Asylum at Trenton, for the year 1858. Trenton, 1859.

Fourth Annual Report of the Board of Trustees and Officers of the Northern Ohio Lunatic Asylum, to the Governor of the State of Ohio: for the year 1858. Columbus, 1859.

Report of the Board of Visitors of the Government Hospital for the Insane, for the year ending June 30, 1858. Washington, D. C.

By-Laws of the Western Lunatic Asylum, Virginia.

Second Annual Report of the state of the United Lunatic Asylum, for the County and Borough of Nottingham; and the Forty-seventh of the Original Institution. Year 1857. Nottingham, 1858.



## MEDICAL EXCHANGES.

- Annales Médico-Psychologiques. Paris.  
 Revue Etrangère Médico-Chirurgicale. Paris.  
 Bulletin de L'Académie Impériale de Médecine. Paris.  
 Archives des Sciences Physiques et Naturelles. Geneva.  
 Journal de Médecine et de Chirurgie Pratiques. Paris.  
 Révue de Thérapeutique Médico-Chirurgicale. Paris.  
 Gazette Médicale de Paris. Paris.  
 The Journal of Mental Science. London.  
 Dublin Medical Press. Dublin.  
 Dublin Quarterly Journal of Medical Science. Dublin.  
 British and Foreign Medico-Chirurgical Review. London.  
 London Lancet. American reprint.  
 New Hampshire Journal of Medicine. Manchester, N. H.  
 New York Journal of Medicine. New York.  
 American Medical Monthly. New York. (No. 2, Vol. x., not received.)  
 American Medical Gazette. New York. (Nos. 3, 5, 8, 9, Vol. xx., not rec'd.)  
 The Scalpel. New York.  
 Buffalo Medical Journal. Buffalo, N. Y.  
 North American Medico-Chirurgical Review. Philadelphia.  
 Medical and Surgical Reporter. "  
 American Journal of Medical Sciences. "  
 Rankings' Half-Yearly Abstract. "  
 American Journal of Pharmacy. "  
 Journal of the Franklin Institute. "  
 Journal of Prison Discipline and Philanthropy. "  
 The Medical News and Library. "  
 Virginia Medical Journal. Richmond, Va.  
 Charleston Medical Journal and Review. Charleston, S. C.  
 Southern Medical and Surgical Journal. Augusta, Ga.  
 Atlanta Medical and Surgical Journal. Atlanta, Ga. (No. 1, Vol. III., not received.)  
 New Orleans Medical and Surgical Journal. New Orleans.  
 Pacific Medical and Surgical Journal, San Francisco, Cal.  
 St. Louis Medical and Surgical Journal. (No. 3, Vol. XVI., not received.)  
 Iowa Medical Journal. Keokuk, Iowa. (Nos. 1 and 5, Vol. IV., not rec'd.)  
 Cincinnati Lancet and Observer. Cincinnati, Ohio.  
 Nashville Journal of Medicine and Surgery. Nashville, Tenn.  
 Chicago Medical Journal. Chicago, Ill.  
 Peninsular and Independent Medical Journal. Detroit, Mich.  
 Medical Chronicle. Montreal, Canada.  
 American Journal of Dental Science. Phil'a. (No. 1, Vol. VIII., not rec'd.)  
 Dental News Letter. Philadelphia. (No. 1, Vol. XI., not received.)  
 Oglethorpe Medical and Surgical Journal. Savannah, Ga.  
 Maine Medical and Surgical Reporter. Portland, Me. (No. 2, Vol. I., not received.)  
 American Veterinary Journal. Boston, Mass.  
 Quarterly Summary of the Transactions of the College of Physicians of Philadelphia.  
 Nashville Monthly Record of Medical and Physical Science. Nashville, Tenn.  
 The Medical Journal of North Carolina. (No. 1, not received.)  
 The Saint Joseph Journal of Medicine and Surgery. Saint Joseph, Mo.  
 The American Law Register. Philadelphia.  
 The Western Law Monthly. Cleveland, O.  
 The American Journal of Education. Hartford, Conn.

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